



# Minnesota Foster Care Placement Verification

**Purpose:** This form is used by county or tribal social service staff and other agency staff to verify foster care placements or state ward status for students applying for post-secondary educational programs.

STUDENT'S NAME	STUDENT'S SOCIAL SECURITY NUMBER
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Student was in a Minnesota foster care placement in \_\_\_\_\_ County when he/she was 13 years old or older.

**AGENCY RESPONSIBLE FOR PLACEMENT** (County social services, tribal social services, probation)

Student was a ward of the State of Minnesota in \_\_\_\_\_ County when he/she was 13 years old or older.

**AGENCY RESPONSIBLE FOR PLACEMENT** (County social services, tribal social services, probation)

AUTHORIZED SIGNATURE	DATE
PRINT NAME	TELEPHONE NUMBER
TITLE	
AGENCY	

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.