**Clear Form**

DHS-8364-ENG 11-22

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Foster Care Drug and Alcohol Policy

***\*IMPORTANT:*** If you are not able to complete this form online, click Print Blank Form to print the form and complete it by hand.

**Print Blank Form**

Minnesota Statutes, section 245A.04, subd. 1c

DATE

LICENSE HOLDER(S)

# Drug and alcohol policy

Child and adult foster care license holders must have and follow a drug and alcohol use policy. The policy must be in place at initial licensure and reviewed annually with any changes noted. License holders must discuss the drug and alcohol policy with caregivers and all caregivers must agree to follow the policy. By initialing below, I/we agree to:

|  |  |  |
| --- | --- | --- |
| INITIALS | INITIALS | take prescription medications as prescribed and not abuse them.not be impaired by controlled substances or alcohol that will affect my/our ability to provide care. not use illegal drugs.review and discuss, each child/adult’s history related to chemical use, as well as the effect exposure to alcohol or drug use may have on them. |
| INITIALS | INITIALS |
| INITIALS | INITIALS |
| INITIALS | INITIALS |
| INITIALS | INITIALS | OTHER |
| INITIALS | INITIALS | OTHER |

MEDICATION WILL BE STORED:

ALCOHOL WILL BE STORED:

# Signatures

**By signing below, I/we agree to follow this drug and alcohol policy. I/we will talk with the licensor and the placing worker as needed and tell them about any changes to this policy.**

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

|  |  |  |
| --- | --- | --- |
| I agree | LICENSE HOLDER ELECTRONIC SIGNATURE (type name) | DATE |

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

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