

**This form must be completed for ALL enrolling students who are currently placed for care & treatment**

The Care & Treatment Information Form is necessary to establish that the student has been placed for care & treatment. In addition, the form is needed to determine the student's district of residence which is crucial to accurately calculate general education revenue, other state aids, levy authority, and in many cases, determine responsibilities for tuition.

**SECTIONS 1 & 2 ARE TO BE COMPLETED BY THE PARENT OR FOSTER FACILITY**

The following foster facilities are considered a care & treatment placement:

1. chemical dependency and other substance abuse treatment centers;
2. shelter care facilities;
3. home, due to accident or illness;
4. hospitals;
5. day treatment centers;
6. correctional facilities;
7. residential treatment centers; and
8. mental health programs.

**MN Rule: 3525.2325**

**SECTION 1: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_  
(LEGAL) LAST FIRST MIDDLE INITIAL

GENDER:  MALE  FEMALE BIRTH DATE: \_\_\_\_\_ GRADE ENROLLING FOR: \_\_\_\_\_  
MONTH/DAY/YEAR

**SECTION 2: FOSTER FACILITY INFORMATION**

FACILITY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

POINT OF CONTACT AT THE FACILITY: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTIONS 3, 4 & 5 ARE TO BE COMPLETED BY THE STUDENT'S SOCIAL WORKER**

**Return this form to:**  
 ISD 279 – Osseo Area Schools  
 Enrollment Center  
 7051 Brooklyn Boulevard  
 Brooklyn Center, MN 55429  
 Fax: (763) 585-7368

**SECTION 3: BIOLOGICAL/ADOPTIVE PARENT INFORMATION**

FATHER  
 MOTHER - NAME: \_\_\_\_\_  
(LEGAL) LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) ( ) ( )  
HOME PHONE CELL PHONE WORK PHONE

FATHER  
 MOTHER - NAME: \_\_\_\_\_  
(LEGAL) LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) ( ) ( )  
HOME PHONE CELL PHONE WORK PHONE

**SECTION 4: STUDENT RESIDENCY INFORMATION**

Does the student have an active IEP/IFSP/IIIP?  No  Yes  
 Have parental rights been terminated?  No Yes:  Both Parents  Parent #1  Parent #2  
 Does the biological or adoptive parent currently live outside the state of Minnesota?  
 No Yes:  Both Parents  Parent #1  Parent #2  
 Is the biological or adoptive parent currently an inmate of a Minnesota correctional facility or a halfway house?  
 No Yes:  Both Parents  Parent #1  Parent #2

**SECTION 5: SOCIAL WORKER INFORMATION**

NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MONTH/DAY/YEAR

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DATE SENT \_\_\_\_\_

DATE REC'D \_\_\_\_\_

ID# \_\_\_\_\_

RES DIST \_\_\_\_\_

NOTES:  
 1. Students without an IEP are residents of where they live.  
 2. Students with an IEP are residents of where the parent lives, however, these students are eligible to enroll at the attendance area school assigned to the foster home's address through school choice.  
 3. Students with an IEP are residents of where they live when parental rights have been terminated, the parent is an inmate of a Minnesota correctional facility or halfway house, or lives out-of-state.  
 WARD OF THE STATE (SEE ATTACHED)

CARE & TREATMENT INFORMATION FORM