# Minnesota Intrastate Referral (MIR)

**Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intra-state ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Instructions

The legally responsible county or tribal agency (sending agency) completes this form to notify a county or tribal agency (receiving agency) of an emergency placement of a child with a relative, request foster care licensing of a relative, provide courtesy supervision of a child or provide notification of a placement in their jurisdiction. For more information, reference bulletin [DHS Bulletin 20-68-18C](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-321266).

Fill out **one form** **per child** and email to [mn.intrastate@state.mn.us](mailto:mn.intrastate@state.mn.us).

Upon receipt, the Minnesota Department of Human Services (department) will review and track referrals. Via email, the department will confirm receipt of the information to the sending agency and communicate a request to the receiving agency. Agencies are encouraged to contact each other directly upon receipt, and on an ongoing basis.

## Section I: Child information

Enter the child’s information as applicable to the case and the request. **Fill out one form per child.**

**Child’s Name:**  **Child’s SWNDX #:**

**D.O.B:**  **IV-E Status:**  Yes  No  Pending

**Race:**  American Indian or Alaskan Native  Asian  Black or African-American  White  Native Hawaiian/Other Pacific Islander

**Ethnicity:** Hispanic heritage

Yes  No  Unable to determine/unknown

**Sibling(s):**   Yes  No

## Section II: Request type

Indicate the type of referral that is being requested. Check all that apply.

License relative for foster care (Child currently in placement). **Date of placement:**

License relative for foster care (Child not placed)

Courtesy supervision for foster care placement in another jurisdiction. Distance in miles:

Monthly caseworker and child face-to-face visits

Updates from receiving county (reports, case planning, contacts, court reports)

Other:

Notification to county of child’s placement in their jurisdiction. No supervision requested.

## Section III: Jurisdiction

**Sending Agency**:

**Receiving Agency**:

## Section IV: Sending agency contacts

**Case manager name**:

**Phone**:

**Email**:

**Supervisor name**:

**Phone**:

**Email**:

## Section V: Placement information (relative/foster home/facility)

**Provider(s)**:

**Address**:

**City**: **Zip code**:

**License date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency:** \_\_\_\_\_\_\_\_\_\_\_\_

**Phone(s)**:

**Email**:

**Relationship to child**:

## Section VI: Enclosed documents checklist

### Unlicensed emergency/licensure for relative placement:

**Must include:**

Cover Letter

[Child Social Medical History (DHS-6754A)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6754A-ENG) – if available

Out of Home Placement Plan – if available

[Home safety checklist](https://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_193585.pdf)

[Adoption and Foster Care Application (DHS-4258A)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4258A-ENG)

[Adoption and Foster Care Individual Fact Sheet (DHS-4258B)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4258B-ENG)

### Courtesy supervision and notification of placement:

**Must include:**

Cover Letter

[Child Social Medical History (DHS-6754A)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6754A-ENG)

Out of Home Placement Plan

Verification of licensure

## For Minnesota Department of Human Services use only

Receipt date: Reviewer:

Reviewer notes:

License effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward date to sending agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_