

211 Minnesota Ave E • Glenwood, MN 56334 • 320.634.7755 • Fax: 320.634.0164
15 Central Ave, PO Box 1006 • Elbow Lake, MN 56531 • 218.685.8200 • Fax: 218.685.4978

Dear Provider(s),

Your license to provide Child Foster Care for Western Prairie Human Services will expire soon**.** Though it may seem early to begin this process, the Minnesota Department of Human Services is now asking that the re-licensing process be completed at least **60 days** prior to license expiration. Enclosed you will find material to be completed and submitted to the Western Prairie Human Servicesthree months before your license expires.

1. Minnesota Adoption and Family Child Foster Care Application
2. Pet Immunizations (If applicable)
3. Individual fact Sheet
4. Statement of intended Use
5. Well Water Test ( If applicable)
6. Annual Evaluation of Licensed Foster Home
7. Caregiver Training Records

If you have questions when completing any of the forms please call or email me for assistance.

\* If you are not renewing your license at this time, please return the packet, along with the signed statement below. This statement must be on file so your case can be closed.

Sincerely,

**Western Prairie Licensor(s)**

Western Prairie Human Services

e-mail: licensing@westernprairiemn.us

* 211 E Minnesota Ave

Glenwood, MN

Office: 320-634-7781

* 28 Central South, PO Box 1006

Elbow Lake, MN  56531

office: 218-685-8212

[http://www.](http://www.co.grant.mn.us/501/Licensing)[[westernprairiemn.us](http://www.co.grant.mn.us/501/Licensing)](http://westernprairiemn.us)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

\* I do not wish to renew my license to provide licensed care at this time. I understand that my license will be allowed to expire, and that should I choose to become licensed in the future, this closure will not have a negative impact on my application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date