



ICWA Coffee Talk Permanency Quality Assurance Team

10:00 – 11:00

Panelist Introductions

Participant Instructions

Reminders

PowerPoint

Resource Review

Q&A

~Quick ICWA & MIFPA Reminders~

Related statute - Minn. Stat. 260.761 Subd. 2 (d)

Can the county agency share confidential information, documents with a child's Tribe?

- **Yes!** A tribe cannot make an informed decision, support or make recommendations regarding a child if they do not have all the information in which a decision is being based. This could include parental confidential information as well. (i.e. parent treatment plans, parent assessments etc.).

Does the county agency need a “Release of Information to share confidential information with child's Tribe?”

No! A Release of Information (ROI) is not required at any stage of the local social services agency's involvement with an Indian child, the county agency shall provide full cooperation to the tribal social services agency, including disclosure of all data concerning the Indian child... Tribe(s) are considered automatic party in the State of Minnesota.

~Quick ICWA & MIFPA Reminders~

ICWA Notice – “Must,” be sent by “certified or registered mail.”

MIFPA Notice – “Not” required to send by “Certified Mail.”

m DEPARTMENT OF HUMAN SERVICES
ICWA Notice of Child Placement Proceeding
DHS-52274-09G 11-18

***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](#)

Confidentiality notice: This notice includes confidential information available only to the parties and participants of this court proceeding. This notice is not available to the public. [25 C.F.R. § 23.111 (d)(9)(i); Minnesota Rules of Juvenile Protection Procedures 8.04, subd. 2]

For a child believed to be an Indian child, a notice of a pending child placement proceeding (as defined on page 2) must be sent to the Indian child's parent(s), Indian custodian(s), and tribe(s), as well as the Midwest regional director of the Bureau of Indian Affairs. [25 C.F.R. § 23.111] This notice must be filed with the court and each return receipt must also be filed with the court. This notice is required in addition to the Minnesota Indian Family Preservation Act Notice to Indian Child's Tribe(s) (DHS-52274).

Names, addresses, and phone numbers of all persons, tribes, or agencies to whom this notice was mailed.

Biological father Information unknown at this time (updates will be provided)

| | | |
|-----------------|-----------|----------------|
| FIRST NAME | LAST NAME | PHONE NUMBER |
| STREET ADDRESS | CITY | STATE ZIP CODE |
| MAILING ADDRESS | CITY | STATE ZIP CODE |

Biological mother Information unknown at this time (updates will be provided)

| | | |
|-----------------|-----------|----------------|
| FIRST NAME | LAST NAME | PHONE NUMBER |
| STREET ADDRESS | CITY | STATE ZIP CODE |
| MAILING ADDRESS | CITY | STATE ZIP CODE |

Legal custodian Information unknown at this time (updates will be provided)

| | | |
|-----------------|-----------|----------------|
| FIRST NAME | LAST NAME | PHONE NUMBER |
| STREET ADDRESS | CITY | STATE ZIP CODE |
| MAILING ADDRESS | CITY | STATE ZIP CODE |

[Add legal custodian](#)

Page 1 of 5

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt Hardcopy \$

Return Receipt Electronic \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Package \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-0002 See Reverse for Instructions

RECEIVER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Indian Child's Parent/s
 Indian Child's Indian Custodian
 Indian Child's Tribe
 Copy to B.I.A.
 1234 street name Drive
 Social Service, MN, 51234

2. Article Number (Transfer from service label)

PS Form 3811, April 2015 PSN 7530-02-000-0002

COMPLETE THIS SECTION ON DELIVERY

A. Signature Adult Signature Agent Addressed

B. Received by (Print name) **Signed Receiver** **02/09/2021**

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type

Adult Signature Registered Mail™

Registered Mail Restricted Delivery Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation™

Insured Mail Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Signature Confirmation™

Signature Confirmation Restricted Delivery

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

UNITED STATES POSTAL SERVICE

* Sender: Please print your name, address, and ZIP+4® in this box *

Agency Staff Responsible for sending
 4567 Agency Drive
 Licensing, MN, 51515-1231

OPTIONAL LABEL

m DEPARTMENT OF HUMAN SERVICES
Minnesota Indian Family Preservation Act Notice to Indian Child's Tribe(s)
DHS-52274-09G 11-18

***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](#)

Confidentiality notice: This notice includes confidential information and is not available to the public. Minn. Stat. §13.09

Child(ren) name(s) [Add child](#)

Type of required notice (check one)

24-hour notice of a screened in report. (Minn. Stat. § 62B.556, subd. 10b(5))

Seven-day voluntary services notice. (Minn. Stat. § 260.761, subd. 2(b))

Seven-day voluntary placement notice. (Minn. Stat. § 260.765, subd. 2)

Continued voluntary placement review. (Minn. Stat. § 260.765, subd. 3)

Phone: On (date) [date], [name of county social services or private agency staff] contacted [name of the tribal child welfare staff] by phone to provide the above required notice.

AND

Email or fax: On (date) [date], [name of county social services or private agency staff] provided a copy of this notice to [name of the tribal child welfare staff] by email or fax.

This notice was provided by phone and email or fax to:

| | |
|---|--|
| NAME OF TRIBAL CHILD WELFARE AGENCY CONTACT | TITLE OF TRIBAL CHILD WELFARE AGENCY CONTACT |
| NAME OF TRIBE | PHONE NUMBER |
| EMAIL ADDRESS | FAX NUMBER |
| STREET ADDRESS | CITY STATE ZIP CODE |

FROM:

| | | |
|--|--|----------------|
| CASE WORKER NAME | PHONE NUMBER | FAX NUMBER |
| EMAIL ADDRESS | COUNTY SOCIAL SERVICES/PRIVATE AGENCY NAME | |
| COUNTY SOCIAL SERVICES/PRIVATE AGENCY STREET ADDRESS | CITY | STATE ZIP CODE |

Page 1 of 2

APA Documents Addressing ICWA

APA Documents Addressing ICWA

- What consultants are looking for:
 - 11/10 Best Interest Factors: how cultural needs are addressed and how the adoptive family will connect child to their tribe(s)
 - Summary of placement preferences as they pertain to ICWA
 - Details regarding inquiry made to tribes and BIA as well as responses from all
 - Required language in court orders addressing ICWA efforts that may include responses from tribes or qualified expert witnesses

Best Interests of an Indian Child

- Best interests of an Indian child means compliance with the ICWA and the MIFPA to preserve and maintain an Indian child's family.
- Supports a child's sense of belonging to family, extended family and Tribe
- The best interests of an Indian child are interwoven with the best interests of the Indian child's tribe.

All Available Placement Type / Settings:

A placement that complies with the order of preference for foster care or pre-adoptive placement established by an Indian child's tribe, in accordance with 25 USC 1915(c):

type/settings that were available: Yes No

Ⓢ

type/settings indicate the one selected:

A member of the Indian child's extended family:

Yes No

Ⓢ

A foster home licensed, approved or specified by the Indian child's tribe:

Yes No

Ⓢ

An Indian foster home licensed or approved by

Yes No

Ⓢ

Placement Preference - SSIS

ICWA Adoptive Placement Preferences

Cont plcmt - 01/21/2020 Authority Removal Conditions Permanency Plans Reviews ICWA Adoptive Placement Preferences

Available ICWA Adoptive Placement Preferences

Did the agency consult with the Tribe regarding:

The need for adoption: Yes No *

Available adoptive placements: Yes No *

Selected adoptive placement: Yes No *

All Available Adoptive Placement Type / Se

Select all placement type/settings that were available: Of the available type/settings indicate the one selected:

Yes No *

Placement does not meet ICWA placement preferences:

Good cause to depart from adoptive placement preferences under ICWA: Yes No

Basis for Good Cause:

Request of one or both of the Indian child's parents: Yes No

Request of the Indian child: Yes No

Unavailability of suitable placement after a determination by the court that a diligent search was conducted to find suitable placements meeting the placement preferences in ICWA at 25 USC 1915 but none has been located: Yes No

Extraordinary physical, mental or emotional needs of the Indian child, such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live: Yes No

Presence of a sibling attachment that can be maintained only through a particular placement: Yes No

Summary of departure from ICWA preferences:

Complete the following sections:

- Available ICWA Adoptive Placement Preference
- All Available Adoptive Placement Type/Settings
- Basis for Good Cause
 - If “Good Cause,” is determined by court, provide a “Summary of departure from ICWA preferences.”

ICWA Foster Care and Pre-adoptive Placement Preferences

acement - Northstar - 04/07/2015 Foster Parents Changes to this placement/location ICWA Placement Preferences

[Available ICWA Foster Care and Pre-adoptive Placement Preferences](#)

Did the agency consult with the Tribe regarding:

The need for placement: Yes No ⁰

Available placement: Yes No ⁰

Tribe's established preferences: Yes No ⁰

[All Available Placement Type / Settings:](#)

Select all placement type/settings that were available: [Of the available type/settings indicate the one selected:](#)

Yes No ⁰

Placement does not meet ICWA placement preferences: Yes No

Good cause to depart from placement preferences under ICWA: Yes No

[Basis for Good Cause:](#)

Request of one or both of the Indian child's parents: Yes No

Request of the Indian child: Yes No

Unavailability of suitable placement after a determination by the court that a diligent search was conducted to find suitable placements meeting the placement preferences in ICWA at 25 USC 1915 but none has been located: Yes No

Extraordinary physical, mental or emotional needs of the Indian child, such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live: Yes No

Presence of a sibling attachment that can be maintained only through a particular placement: Yes No

Summary of departure from ICWA preferences:

Complete the following sections:

- Available ICWA Foster Care and Pre-adoptive Placement Preferences
- All Available Placement Type/Settings
- Basis for Good Cause
 - If "Good Cause," is determined by court, provide a "Summary of departure from ICWA preferences."



Minnesota Department of **Human Services**

DHS-6754A-ENG 11-16

Social and Medical History for a Child in Foster Care

DATE SOCIAL AND MEDICAL HISTORY BEGAN _____ DATE SOCIAL AND MEDICAL HISTORY MOST RECENTLY UPDATED _____

SECTION A: CHILD'S IDENTIFYING INFORMATION

| | | | | | | | |
|--|---|---|--|--|-------|-----------------------------|---|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | OTHER KNOWN NAMES/NICKNAMES | |
| DATE OF BIRTH | GENDER <input type="radio"/> Male <input type="radio"/> Female | SEXUAL ORIENTATION/GENDER IDENTITY (if known) | | HEIGHT | AS OF | WEIGHT | AS OF |
| HAIR COLOR/TEXTURE | EYE COLOR | SKIN COLOR/TONE | | NATIONALITY White, Native American | | | |
| RACE (check all that apply) <input type="checkbox"/> African American/Black <input checked="" type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | HISPANIC HERITAGE? <input type="radio"/> Yes <input checked="" type="radio"/> No |
| ICWA APPLIES? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | ENROLLED TRIBAL MEMBER? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | ELIGIBLE FOR TRIBAL ENROLLMENT? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | | |
| TRIBAL MEMBER? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | ELIGIBLE FOR TRIBAL MEMBERSHIP? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | | | | |
| RELIGION Lutheran | | BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input checked="" type="radio"/> Yes <input type="radio"/> No WHICH RELIGION: Lutheran | | | | | |
| PRIMARY LANGUAGE SPOKEN English | | SECONDARY LANGUAGE SPOKEN N/A | | | | | |

EFFORTS TO VERIFY AMERICAN INDIAN ANCESTRY AND NOTIFY AND ENGAGE TRIBE

Note: Required for all children - include information regarding both parents/ notices sent, etc

SECTION A: CHILD'S IDENTIFYING INFORMATION

| | | | | | | | |
|--|---|---|--|--|-------|-----------------------------|---|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | OTHER KNOWN NAMES/NICKNAMES | |
| DATE OF BIRTH | GENDER <input type="radio"/> Male <input type="radio"/> Female | SEXUAL ORIENTATION/GENDER IDENTITY (if known) | | HEIGHT | AS OF | WEIGHT | AS OF |
| HAIR COLOR/TEXTURE | EYE COLOR | SKIN COLOR/TONE | | NATIONALITY White, Native American | | | |
| RACE (check all that apply) <input type="checkbox"/> African American/Black <input checked="" type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | HISPANIC HERITAGE? <input type="radio"/> Yes <input checked="" type="radio"/> No |
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| TRIBAL MEMBER? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | ELIGIBLE FOR TRIBAL MEMBERSHIP? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | | | | |
| RELIGION Lutheran | | BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input checked="" type="radio"/> Yes <input type="radio"/> No WHICH RELIGION: Lutheran | | | | | |
| PRIMARY LANGUAGE SPOKEN English | | SECONDARY LANGUAGE SPOKEN N/A | | | | | |

EFFORTS TO VERIFY AMERICAN INDIAN ANCESTRY AND NOTIFY AND ENGAGE TRIBE

Social & Medical History Document

Social and Medical History Document:



Minnesota Department of **Human Services**



DHS-6754A-ENG 11-16

Social and Medical History for a Child in Foster Care

DATE SOCIAL AND MEDICAL HISTORY BEGAN DATE SOCIAL AND MEDICAL HISTORY MOST RECENTLY UPDATED

SECTION A: CHILD'S IDENTIFYING INFORMATION

| | | | | | | | |
|---|---|---|--|---|-------|--|-------|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | OTHER KNOWN NAMES/NICKNAMES | |
| DATE OF BIRTH | GENDER <input type="radio"/> Male <input type="radio"/> Female | SEXUAL ORIENTATION/GENDER IDENTITY (if known) | | HEIGHT | AS OF | WEIGHT | AS OF |
| HAIR COLOR/TEXTURE | EYE COLOR | SKIN COLOR/TONE | | NATIONALITY | | | |
| RACE (check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White | | | | | | HISPANIC HERITAGE? <input type="radio"/> Yes <input type="radio"/> No | |
| ICWA APPLIES? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | | ENROLLED TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | | ELIGIBLE FOR TRIBAL ENROLLMENT? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | | | |
| TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | | ELIGIBLE FOR TRIBAL MEMBERSHIP? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | | | | | |
| RELIGION | | | | BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input type="radio"/> Yes <input type="radio"/> No | | | |
| PRIMARY LANGUAGE SPOKEN | | | | SECONDARY LANGUAGE SPOKEN | | | |
| EFFORTS TO VERIFY AMERICAN INDIAN ANCESTRY AND NOTIFY AND ENGAGE TRIBE | | | | | | | |
| Note: Required for all children - include information regarding both parents/ notices sent, etc | | | | | | | |

- Efforts to Verify American Indian Ancestry and Notify and Engage Tribe
 - Detailed Narrative that describes Inquiry
 - All information that is obtained regarding any possible connection to American Indian Ancestry to assist in developing the child's history / story

This information provides youth the opportunity to develop an identity that includes any and all connections to their ancestry / communities!

1. Nationality
2. Race: All that apply
3. N/A, not an acceptable answer
4. Doesn't mean ICWA Eligible

| SECTION A: CHILD'S IDENTIFYING INFORMATION | | | | | | | |
|---|---|--|---|---|--------|--|---|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | | OTHER KNOWN NAMES/NICKNAMES | |
| DATE OF BIRTH | GENDER <input type="radio"/> Male <input type="radio"/> Female | | SEXUAL ORIENTATION/GENDER IDENTITY (if known) | | HEIGHT | AS OF | WEIGHT |
| HAIR COLOR/TEXTURE | | EYE COLOR | | SKIN COLOR/TONE | | NATIONALITY White , Native American | |
| RACE (check all that apply) <input type="checkbox"/> African American/Black <input checked="" type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input checked="" type="checkbox"/> White | | | | | | | HISPANIC HERITAGE? <input type="radio"/> Yes <input checked="" type="radio"/> No |
| ICWA APPLIES? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | ENROLLED TRIBAL MEMBER? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | ELIGIBLE FOR TRIBAL ENROLLMENT? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | | |
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| RELIGION Lutheran | | | | BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input checked="" type="radio"/> Yes <input type="radio"/> No WHICH RELIGION: Lutheran | | | |
| PRIMARY LANGUAGE SPOKEN English | | | | SECONDARY LANGUAGE SPOKEN N/A | | | |
| EFFORTS TO VERIFY AMERICAN INDIAN ANCESTRY AND NOTIFY AND ENGAGE TRIBE | | | | | | | |

Case Examples

- During APA review of Social & Medical History – bio father part AI (1/4) but indicated did not qualify for enrollment in tribe.
- TPR – stated child is not eligible for membership and ICWA does not apply.
- Discovered there was a tribal enrollment card for bio-father.
- Tribal notice sent to the tribe & response received that bio father was enrolled, child was ICWA eligible, and tribe wanted to be involved in the case.
- Child was placed with maternal grandmother prior to tribal involvement.

Case 1 Continued

- Tribe provided affidavit supportive of OHP but wanted to provide QEW testimony.
- Lack of QEW testimony could invalidate the TPR or foster care placement.
- County stated QEW testimony not necessary for a voluntary TPR.
- DHS did not consider this a voluntary proceeding because Hennepin initiated.
 - Child could not be returned at bio mother's request so it was an involuntary placement & QEW testimony needed.
- Determined county would work with tribe to get documentation regarding permanency.
 - Not just affidavit regarding OHP.

- During DHS review of APA, discrepant info noted about tribal heritage.
- CHIPS petition & SSIS indicated possible tribal affiliation on paternal side & tribe replied child was not eligible.
- TPR stated no one reported any AI heritage.
- Social & Medical History only mentioned two occasions when bio mother voiced possible AI affiliation but tribe was unknown.

Case 2 Continued

- County was advised to send notice to BIA based on bio mother's reporting of possible AI Heritage.
- Notice was sent to BIA.
- BIA responded there was insufficient information.
- County sent additional notice to tribe who responded child was not eligible for enrollment.
- Ultimately, the finding was still ICWA did not apply, so proceeded with APA review.

Resources

ICWA and MIFPA Resources

- [Indian Child Welfare Act and Minnesota Indian Family Preservation Act Resources](#)
 - [Indian Child Welfare Act/Minnesota Indian Family Preservation Act Caseworker Checklist \(eDocs 5224\)](#)
- [Indian Child Welfare Act and Minnesota Indian Family Preservation Act Desk Aid \(eDocs 7824\)](#)
- [What you need to know about the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act \(eDocs 8014A\)](#)
- [Federal Registrar \(link\)](#):
Midwest Region - <https://www.federalregister.gov/d/2020-09155/p-28>

Permanency Resources

- [Adoption Workflow](#)
- [Adoption Process Checklist](#) (eDocs 6542)
- [Social & Medical History for Child in Foster Care](#) (eDocs 6754A)
 - [Instructions for Social & Medical History for Child in Foster Care](#) (eDocs 6754)

- [Indian Child Welfare Act \(ICWA\) and Minnesota Indian Family Preservation Act Data Entry in SSIS](#)
- [ICWA Eligibility/Determination for Indian Children in SSIS](#)
- [ICWA Active Efforts in SSIS](#)
- [ICWA Child Custody Proceedings Subfolder in SSIS](#)

- [ICWA Qualified Expert Witness in SSIS](#)
- [ICWA Notice of Child Placement Proceeding Chronology Documents](#)
- [MIFPA Notice in Chronology Documents](#)
- [ICWA/MIFPA Genogram \(Tribal Lineage\) Notice in Chronology Documents](#)

Contact Information

- ICWA
 - DHS.ICWA.MIFPA@state.mn.us
- Permanency
 - northstar.benefits@state.mn.us
- ICPC
 - mn.icpc@state.mn.us
- Title IV-E
 - [Regional IV-E trainers & map](#) (DHS-6962)
- Foster Care
 - dhs.csp.fostercare@state.mn.us
- MAPCY
 - jody.mcelroy@state.mn.us
- SSIS Help Desk
 - dhs.ssishelp@state.mn.us
- Adoption Assistance
 - adoption.assistance@state.mn.us

Thank You!