



Health & Human Services Director
Jami Goodrum

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Wright County Adult Foster Care

Rules Agreement

I, _____ have read, received training on, and agree to abide by Minnesota Rules, parts 9555.5105 to 9555.6265, MN Statute 245A, and MN Statute 245C governing Foster Care Services and Licensure of Adult Foster Homes, and the Vulnerable Adults Act, Minnesota Statutes, section 626.557 and 626.5572.

Applicant's Signature:

Signature

Date

Co-applicant's Signature: *(if applicable)*

Signature