REQUEST FOR SAFETY/PERMANENCY FUNDS

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 307 (12-2008)

Clear Fields

(The expenditure of this money is to help prevent out-of-home placements and assist with safe permanent plans for children)

Safety/Permanency funds are funds that a family may need to help prevent the placement of children in out-of-home care, safely reunify children with their families or assist with other permanency plans for children. This money may pay rent, heat, lights, repair a car, purchase necessities for the family, etc. However, other avenues of payment for these needs must be exhausted such as: county funds, churches, fraternal organizations, etc., due to the limited amount of money available.

In order to access the safety/permanency monies, the approval of a County Supervisor and the Regional Representative of the County Social Services is required. The state will provide 90% of the funding while the County will provide 10%. The County Supervisor and Regional Representative have the authority to authorize up to $600. Amounts above $600* need **verbal** authorization from the Family Preservation Services Administrator or designee of Children & Family Services. Verbal approval will be obtained by a Regional Representative.

For approval and distribution, all information at the bottom of this page needs to be completed and returned to the Regional Representative.

PARENTS NAME(S)	SOCIAL SECURITY NUMBER	County Number:

CHILD'S NAME	SOCIAL SECURITY NUMBER	DOB/AGE	SEX	RACE	IDENTIFIED CHILD Y/N

Amount Requested:	Amount Approved:

Provider's Name:

Address:	City:	State:	ZIP Code

Expenditures Are For:

Choose an Outcome:

- ☐ Placement Prevention
- ☐ Assist with Goal of Reunification
- ☐ Assist with Safety and Stabilization of Family
- ☐ Enhance Family Well-Being
- ☐ Assist with Other Permanency Goal

Licensed Social Worker:	Date:

APPROVAL:

County Supervisor:	Date:
Regional Representative:	Date:

For Amounts Over $600.00

Who from CFS gave Regional Representative Verbal Approval?	Date:

This form needs to be fully completed before payments will be made from the Department of Human Services.

DISTRIBUTIO **ORIGINAL** - Regional Rep. - to be forwarded to Family Preservation Services Administrator

COPIES - Routed after Regional Rep's signature to - County Supervisor, County Accounting Dept., & File

COUNTY REIMBURSEMENT PROCEDURE:

The county social service agency will pay the initial bill and receive 90% reimbursement by claiming their expenses on the 119. Please use the following method.

* For reimbursement, the county should complete the following information on the Form 119 "Monthly Report of County Social Service Board Operating Expenses and Receipts".

* Section B "Miscellaneous Expense" - use code 068 at the top of any of the blank columns.

* Itemize on LIne 10 in Section B "Foster Care Wrap-Around" 90% Reimbursement.