FAMILY FOSTER CARE HOME PROPERTY DAMAGE VERIFICATION OF CLAIM

ND DEPARTMENT OF HUMAN SERVICES
FOSTER CARE
SFN 328 (8-2007)

Clear Fields

Use of form: Completion of this form is required before a claim for family foster care property damage can be paid by the Department.

Foster Parent Name			
Street Address	City	State	Zip Code

A. Department of Human Services Verification Checklist

1. Date SFN-327 was received by the Department:	
2. Was foster parent licensed at the time of occurrence?	☐ Yes ☐ No
3. Was foster child placed in the home at the time of occurrence?	☐ Yes ☐ No
4. Has a claim regarding this incident been submitted to the private insurer of the person experiencing the property damage?	☐ Yes ☐ No
5. Has foster parent filed any claims to the Department since last July 1?	

If "Yes", list date and amount of each claim.

Date	Amount of Claim

6. Are all three pages of the SFN-327 completed and attached?	☐ Yes ☐ No
7. Is there documentation of insurance coverage or insurance denial provided with the SFN-327?	☐ Yes ☐ No
8. Is there documentation of the amount of applicable deductible?	☐ Yes ☐ No
9. Have the receipts, estimates or other documentation for each item lost or damaged been provided?	☐ Yes ☐ No

B. Department of Human Services Payment Approval

☐ Pay amount claimed on SFN-327

Amount claimed:	
Less DHS deductible:	
Recommended Payment:	

☐ Pay amount other than claimed

Amount claimed:	
Less DHS deductible:	
Recommended Payment:	

☐ Disregard claim

If amount other than claimed is to be paid or claim is to be disregarded, provide explanation of recommendation:

Signature of Foster Care Administrator, CFS or designee	Date signed
Signature of CFO, Fiscal Administration or designee	Date signed
Signature of Risk Manager/Attorney, Legal Advisory Unit or designee	Date signed