DRUG-RELATED FELONY REVIEW

DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE OFFICE
SFN 376 (Rev. 5-2010)

Clear Fields

If an individual reports he/she has been convicted of a drug-related felony, complete the following information and fax or mail this sheet along with copies of the Criminal Complaint and Judgment or Order to the address listed below.

Program ☐ TANF ☐ SNAP			
Client Full Name Including Middle Name			Social Security Number
Date of Birth	Gender ☐ Male ☐ Female	Case Number	Client Identification Number
County		Eligibility Worker (Full Name)	
Application Date		Is this an expedited application for SNAP? ☐ Yes ☐ No	
Date Case Must be Processed			

North Dakota Department of Human Services
Economic Assistance Office
600 East Boulevard Ave - Dept 325
Bismarck, ND 58505-0250
(701) 328-2332
Fax (701) 328-1060