LICENSE APPLICATION/RESIDENTIAL SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
SFN 1546 (Rev. 11-2016)

Clear Fields

APPLICATION TYPE (check appropriate box)	
	Initial
	Renewal
	Change

Agency			Telephone Number	
Address	City		State	ZIP Code
Property Ownership ☐ Own ☐ Lease ☐ Rent ☐ Other	Name of Owner		Organizational ☐ Government ☐ Profit ☐ NonProfit	

SERVICE	REGIONS OF OPERATION (I through VIII)	COUNTY SERVED WITHIN EACH REGION (see legend below)	CLIENT NUMBER	SITE LOCATION STREET ADDRESS AND CITY
Congregate Care				
Intermediate Care Facility				
Minimally Supervised Living Arrangement				
Family Support ☐ Parenting Supports ☐ Family Care Option ☐ In-Home Supports ☐ Extended Home Health Care				
Supported Living Arrangement				
Transitional Community Living Facility				
Individualized Supported Living Arrangement				
Family Care Option III				
Infant Development				

I/We hereby request authorization from the North Dakota Department of Human Services to operate the above listed service(s) and agree to release to the Department such information as it deems necessary to make a determination of the applicant's capacity to serve individuals in accordance with the rules and standards of the Department.

Signature:	Title:	Date:
Signature:	Title:	Date:

ACCREDITATION/CERTIFICATION

Body:	Date:	Expiration Date:
Body:	Date:	Expiration Date:

Region I - Divide, McKenzie, Williams
Region II - Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward
Region III - Benson, Cavalier, Eddy, Rolette, Towner, Ramsey
Region IV - Grand Forks, Nelson, Pembina, Walsh
Region V - Cass, Ransom, Richland, Sargent, Steele, Traill
Region VI - Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, Wells
Region VII - Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux
Region VIII - Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark