



FLEEING FELON/PAROLE OR PROBATION VIOLATOR REVIEW

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 376 (8-2024)

If an individual reports he/she is a fleeing felon, a parole or probation violator, complete the following information and fax or mail this form to the address listed below.

Program <input type="checkbox"/> TANF <input type="checkbox"/> SNAP		Review Type <input type="checkbox"/> Parole or Probation Violator <input type="checkbox"/> Fleeing Felon	
Client Full Name Including Middle Name			
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Case Number	Client Identification Number
HSZ/County		Eligibility Worker (Full Name)	
Application Date	Is this an expedited application for SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Case Must be Processed			

Mail to:

Department Of Health and Human Services
Economic Assistance
600 East Boulevard Ave Dept 325
Bismarck ND, 58505-0250

FAX:

(701) 328-1060

For Questions call:

(701) 328-2332