CREDIT FORM

ND DEPARTMENT OF HUMAN SERVICES

SFN 827 (1-2008)

Clear Fields

Mail Check and Form(s) to:
ND DEPT. OF HUMAN SERVICES / FISCAL ADMINISTRATION
600 E. Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

(Please complete separate form for EACH INDIVIDUAL case/program. You may submit one check for multiple cases/ programs.)

County Name:	
Case Name:	Check Number:
Case Number:	Amount of Check:
Social Security Number:	Type of Check:
Amount Paid on this Claim:	Drawn on (bank):

Please complete program information for the case identified above. **(Incomplete form along with the check will be returned for completion and resubmission)**

Foster Care / Sub Adopt	Amount	Match Code	Service Month & Year	Payment Date of Service Month
Provider Number - 1/				

Child Care Assistance

Check One: ☐ TANF ☐ NON-TANF	
Reason for Refund:	
(Parent's Name & SSN is to be reported in section above)	
Provider Name:	Service Month and Year:

Food Stamps

Please check if payment is for food stamps: ☐

Refugee Assistance	**TANF**
Service Month and Year:	Service Month and Year:

LIHEAP

Fiscal Year:

1/ Please include the CCWIPS provider number when the refund is for an overpayment made to the foster parent/facility. The provider number isn't necessary when sending in SSI & SSA checks.

DO NOT use this form for **ORIGINAL STATE CHECKS** that are sent back to us. **ORIGINAL STATE CHECKS** should only be sent back for cancellation and then use cancellation form SFN 773 (07-95).

Completed by:	Telephone Number:	Date: