CREDIT FORM

ND DEPARTMENT OF HUMAN SERVICES

SFN 827 (9-2010)

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):

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for verification of client account information. Failure to disclose this information will delay the processing of the form.

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:

SNAP

Please check if payment is for SNAP: ☐

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 (8-09).

Completed by:	Telephone Number:	Date: