HEALTH INFORMATION CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES PROGRAM
SFN 836 (1-2010)

Identifying Information

Name		Birthdate	
Address (Street & Apartment Number)	City	State	ZIP Code
Mailing Address (If different)	City	State	ZIP Code
Name of Facility	Work Telephone Number	Home Telephone Number	

Certification

☐ **Yes, I certify that no caregiver currently has any condition that would interfere with the caregiver functioning, or be detrimental to the health and safety of the children in my care. If any caregiver's condition changes, I will immediately notify the county licensing agency and the parents of the children in my care.**

If you can not so certify, please explain what accommodations you will make or precautions you will need to take, to assure that the condition is not a threat to the health or safety of the children for whom you provide care:

THIS IS A PUBLIC DOCUMENT AND MUST BE MADE AVAILABLE UPON REQUEST

Certification Signature

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature	Date

DISTRIBUTION: White - CSSB CANARY - HSC PINK - Provider