



**PROVIDER'S REQUEST TO PAY PARENT DIRECTLY**

ND DEPARTMENT OF HUMAN SERVICES

PUBLIC ASSISTANCE DIVISION

SFN 848 (4-2007)

North Dakota State Law states that the Child Care Assistance Program payments are to be made directly to the provider. If the provider chooses to have a client paid directly, the provider must complete this form.

Provider Name			
Address	City	State	Zip Code
Provider License/Approved Relative/Self-Certified/Tribal Number		Social Security Number/EIN Number	

List the parent's name and the children's names.

Parent's Name	
Child's Name	Child's Name
Child's Name	Child's Name
Child's Name	Child's Name

Service Month and Year this Child Care Authorization Will Begin
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I understand that this document remains in force, until I revoke it in writing.

Provider's Signature	Date
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**SEND THIS FORM TO THE COUNTY SOCIAL SERVICE OFFICE THROUGH WHICH YOUR CLIENTS ARE BEING SERVED.**