



ANNUAL LICENSING SPECIALIST CHECKLIST FOR FAMILY FOSTER HOMES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 851 (3-2025)

- Annual Onsite Visit
 Renewal Licensing Visit

Directions: This checklist is broken into two sections: annual or renewal. The checklist must be completed and signed by the authorized licensing agent Licensing Specialist. The Licensing Specialist will confirm that the checklist items have been completed by initialing the item below. If the item does not apply to the home write "N/A". This form is required in the licensing file after each annual licensing visit. For authorized licensing agents, the full kit of documents noted on this checklist must be submitted electronically to the CFS Licensing Unit **15 days prior** to the expiration of the current license date.

Applicant A	Applicant B
Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify):	

ANNUAL ON-SITE FULL KIT CHECKLIST: Foster care providers are required to receive an in-person on-site visit at least one time every year.	Authorized Licensing Agent (Licensing Specialist)	HHS - CFS Licensing
Licensing On-site Visit Report (SFN 1941)		
Child Abuse and Neglect Check (State and Tribal, if applicable) <input type="checkbox"/> Applicant A signed SFN 433 <input type="checkbox"/> Applicant B signed SFN 433 <input type="checkbox"/> Other adults in the home signed SFN 433 Permission to Disclose Child Welfare History (CPS, IH, FC) <input type="checkbox"/> Applicant A Signed SFN 1059 (if applicable) <input type="checkbox"/> Applicant B Signed SFN 1059 (if applicable) <input type="checkbox"/> Other Adults in the home signed SFN 1059 (if applicable) <i>Note: Licensing specialist will collect signed documents and submit to the CFS Licensing Unit will complete the checks.</i>		
Court Public Search Results (State and Tribal, if applicable) <input type="checkbox"/> Applicant A completed and attached <input type="checkbox"/> Applicant B completed and attached <input type="checkbox"/> Other adults in the home completed and attached <i>Note: Authorized agent will complete the court search and send results to CFS Licensing Unit for the licensing file.</i>		
Fire Safety - <i>New purchase or annual servicing verification is required.</i> <input type="checkbox"/> Fire Extinguisher Expiration/Service Date: _____ <input type="checkbox"/> Smoke/Carbon Monoxide Alarm Expiration Date: _____		
Driver's License Copy - <i>Copy required on file.</i> <input type="checkbox"/> Applicant A Expiration Date: _____ <input type="checkbox"/> Applicant B Expiration Date: _____ <input type="checkbox"/> Other Household Members Expiration Date: _____		
Training Progress <input type="checkbox"/> Full = 16 hrs every two years <input type="checkbox"/> Certified/Relative = 8 hrs every two years <input type="checkbox"/> SFN 1037 training inventory or other attached <input type="checkbox"/> Specialist addressed any desired training needs		

Annual On-site - ** If Applicable Items **		
Any new background checks required in the home? Must ensure any new adults living in the home or children who turned age 18 have background checks.		
Tribal Affidavit (SFN 890)		
SFN 53656 (W-9 with voided check) **Required when reimbursement is authorized through Fiscal for respite, shelter and property damage claims.		
Direct deposit information: Do we need any updated banking information? **NOT REQUIRED for Nexus PATH homes		
Record of Pet Vaccinations (verification of rabies vaccine) Expiration Date/s: _____		
Well Water Testing Results		
Memorandum of Understanding (attach) <i>Review with provider if an ongoing MOU is in place.</i>		
Identified Relative License (SFN 844) <i>Review with provider and make child specific changes, as needed.</i>		
Emergency/Shelter Care Agreement (SFN 928) <i>Confirm they are still interested. The agreement is good for 24 months.</i>		

RENEWAL FULL KIT CHECKLIST: At least every two years, foster care providers are required to update licensing paperwork in addition to their annual on-site required visit.	Authorized Licensing Agent (Licensing Specialist)	HHS - CFS Licensing
Application to Provide Family Foster Care (SFN 893)		
Licensing On-site Visit Report (SFN 1941)		
Licensing Packet (SFN 1037)		
Provider Policy and Standards Review (SFN 1038)		
Child Abuse and Neglect Check (State and Tribal, if applicable) <input type="checkbox"/> Applicant A signed SFN 433 <input type="checkbox"/> Applicant B signed SFN 433 <input type="checkbox"/> Other adults in the home signed SFN 433 Permission to Disclose Child Welfare History (CPS, IH, FC) <input type="checkbox"/> Applicant A Signed SFN 1059 (if applicable) <input type="checkbox"/> Applicant B Signed SFN 1059 (if applicable) <input type="checkbox"/> Other Adults in the home signed SFN 1059 (if applicable) <i>Note: Licensing specialist will collect signed documents and submit to the CFS Licensing Unit will complete the checks.</i>		
Court Public Search Results (State and Tribal, if applicable) <input type="checkbox"/> Applicant A completed and attached <input type="checkbox"/> Applicant B completed and attached <input type="checkbox"/> Other adults in the home completed and attached <i>Note: Authorized agent will complete the court search and send results to the CFS Licensing Unit for the licensing file.</i>		
Fire Safety <i>New purchase or annual servicing verification is required.</i> <input type="checkbox"/> Fire Extinguisher Expiration/Service Date: _____ <input type="checkbox"/> Smoke/Carbon Monoxide Alarm Expiration Date: _____		

Driver's License Copy - <i>Copy required on file.</i> <input type="checkbox"/> Applicant A Expiration Date: _____ <input type="checkbox"/> Applicant B Expiration Date: _____ <input type="checkbox"/> Other Household Members Expiration Date: _____		
Training Progress <input type="checkbox"/> Full = 16 hrs every two years <input type="checkbox"/> Certified/Relative = 8 hrs every two years <input type="checkbox"/> SFN 1037 training inventory or other attached <input type="checkbox"/> Specialist addressed any desired training needs		

Renewal Visit - ** If Applicable Items **

Any new background checks required in the home? Must ensure any new adults living in the home or children who turned age 18 have background checks.		
Tribal Affidavit (SFN 890)		
SFN 53656 (W-9 with voided check) **Required when reimbursement is authorized through Fiscal for respite, shelter and property damage claims.		
Direct deposit information: Do we need any updated banking information? **NOT REQUIRED for Nexus PATH homes		
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Identified Relative License (SFN 844) <i>Review with provider and make child specific changes, as needed.</i>		
Emergency/Shelter Care Agreement (SFN 928) <i>Confirm they are still interested. The agreement is good for 24 months.</i>		

Licensing Visit Comments/Notes

I hereby declare I have completed the licensing home study and collected all pertinent forms required to approve the family foster home for children based on licensing standards set forth in NDAC 75-03-14 and 622-05 policy.

Authorized Licensing Agent Worker Signature	Date
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******* LICENSING AGENCY ONLY *******

Date Licensing Paperwork Received	Date Licensing Information Entered in CCWIPS
CFS Licensing Unit Representative Signature	Date

Distribution Copy:

Licensing Agency - Department