APPLICATION FOR SELF-DECLARATION DOCUMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CFS-EARLY CHILDHOOD SERVICES
SFN 865 (1-2017)

Clear Fields

			Provider Number
Full Legal Name			Telephone Number
Mailing Address (Street and Apartment Number)		City	State / ZIP Code
Address Where Care is Provided		City	State / ZIP Code
Social Security Number	Date of Birth	E-Mail Address	
Full Legal Name of Emergency Designee (must be at least 18 years of age)			
Languages Spoken by Provider			

The Privacy Act of 1974 (P.L. 93-579, Section 5) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of social security number is voluntary and is requested for identification purposes. Failure to disclose this information on this application will not affect participation in this program.

Self-declare:

1. I have read and agree to adhere to the standards set forth in Chapter 75-03-07.1 of the North Dakota Administrative Code (NDAC) governing child care in a residence adopted pursuant to Chapter 50-11.1 of the North Dakota Century Code (NDCC).
2. I am not required by North Dakota State Law (Chapter 50-11.1) to be licensed to provide early childhood services. [A license is required if you care for six or more children or care for four or more children under the age of twenty-four months, including your own children.]
3. I will notify the county social services office in the event that I am found guilty of a crime against children or found guilty of a felony. I will notify the county social service office if I am the subject of a child abuse/neglect charge resulting in a "services required" decision.

   I Assure that I ☐ **have** ☐ **have not** been found to have abused or neglected a child and I give the North Dakota Department of Human Services permission to check for information involving me in the departmental child abuse and neglect files, the North Dakota Child Abuse and Neglect Information Index and any state in which I have resided.

List all other household members 12 years and older living in the home where care is provided. Signature indicates permission for the Department of Human Services to conduct check for name on the North Dakota Child Abuse and Neglect Information Index and departmental files and to share information with departmental staff and the applicant.

Full Legal Name	Date of Birth	Signature
Full Legal Name	Date of Birth	Signature
Full Legal Name	Date of Birth	Signature

I authorize the state or authorized agent that maintains records concerning child abuse or neglect in the above-named states to release to the Department of Human Services all information contained in those records related to the undersigned.

States You Have Lived in the Past 10 Years
Former Address (if any): (North Dakota/elsewhere)
Other names (if any) you have gone by in the last ten years
Hours/days of week you will most likely provide care

This agreement is limited to the individual and address listed above. Any change in name or address makes this agreement invalid and requires completion of a new self-declaration application. I must notify the county social service agency when I move.

This self-declaration document constitutes the entire agreement between Provider and the Department. No alteration, amendment, or modification in the provisions of this agreement shall be effective unless it is reduced to writing, signed by the parties and attached hereto.

I further understand that the self-declaration document I am applying for will expire on the date noted on this document and that it is my responsibility to reapply for another self-declaration document prior to its expiration date.

Provider Signature	Date

State	County	Effective Date of Self-Declaration	Expiration Date of Self-Declaration

Summary of Enclosures:
1. CPR/First Aid Certification
2. Training certificate for new applicants
3. Pet immunization record, if applicable
4. "Authorization for Child Abuse and Neglect Background Check" (SFN 508) for emergency designee

FOR COUNTY USE ONLY		**FOR HSC USE ONLY**	
Processing Fee ($15) Collected? ☐ Yes ☐ No		Protective Service Reports? ☐ Yes ☐ No	
Recommendation to approve? ☐ Yes ☐ No		Recommendation to approve? ☐ Yes ☐ No	
Comments:		Comments:	
Signature	Date	Signature	Date
		Provider Number	