



APPLICATION TO PROVIDE FAMILY FOSTER CARE FOR CHILDREN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOSTER CARE

SFN 893 (7-2024)

- Initial
- Renewal
- Application Change

INSTRUCTIONS:

The Children and Family Services Licensing Unit works with various levels of family foster care providers; inclusive of temporary shelter care (safe bed), respite care, and licensed family foster homes for children. This initial application (SFN 893) is required in order to initiate the licensing process, which will also require the applicants and each adult household member to obtain an approved fingerprint-based criminal background check. Questions related to the licensing process for foster care can be routed to cfslicensing@nd.gov

Level of Licensure

- Full Licensure Certification Identified Relative

IDENTIFYING INFORMATION

APPLICANT A

Full Name		Email Address		Date of Birth
Preferred Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Number:		Alternate Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Number:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Other _____				
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Unknown <input type="checkbox"/> Declined <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander _____				Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Couple <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Separated			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Membership/Descendant <input type="checkbox"/> Yes-List Tribal Affiliation(s): _____ <input type="checkbox"/> No <input type="checkbox"/> Declined				Tribal Enrollment Number

APPLICANT B

Full Name		Email Address		Date of Birth
Preferred Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Number:		Alternate Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Number:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Other _____				
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Unknown <input type="checkbox"/> Declined <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander _____				Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Couple <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Separated			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Membership/Descendant <input type="checkbox"/> Yes-List Tribal Affiliation(s): _____ <input type="checkbox"/> No <input type="checkbox"/> Declined				Tribal Enrollment Number

APPLICANT ADDRESS

Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code

Persons living in the household other than foster children and applicant(s).

Household Members	Full Name	Relationship to Applicant	Birthdate	Gender
Other Adults living in the home <i>List all over the age of 18 years old.</i>				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined
Children living in the home <i>Do not include foster children on this list.</i>				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Declined

LICENSING PREFERENCES

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
Age (Check all that apply) <input type="checkbox"/> Any Age (0-20) <input type="checkbox"/> Infants (0-2) <input type="checkbox"/> Elementary (5-10) <input type="checkbox"/> High School (14-18) <input type="checkbox"/> Preschool (3-5) <input type="checkbox"/> Middle School (11-13) <input type="checkbox"/> 18+ Only
Willing to take sibling groups? <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

We/I hereby make application to the Department of Health and Human Services for a license to provide family foster care to children. In making this application, we/I state that we/I: 1. Certify that all the above information is true to the best of my knowledge, 2. Grant permission for this information to be verified with the appropriate persons or agencies, 3. Understand the licensing process is regulated by NDCC 50-11 law, NDAC 75-03-14 administrative rule and 622-05 policy; and 4. Understand a license to provide family foster care to children may be revoked in accordance with NDCC 50-11 if issued upon fraudulent or untrue representation.	
Applicant Signature	Date
Applicant Signature	Date