STEP ONE/LICENSE APPLICATION TO PROVIDE FAMILY FOSTER CARE

ND DEPARTMENT OF HUMAN SERVICES

FOSTER CARE

SFN 893 (Rev. 2-2012)

Clear Fields

I. IDENTIFYING INFORMATION

IMPORTANT INFORMATION: PLEASE READ!

We ask that you complete Step One of the application so that we might better understand you, your home, your situation, and your interests. The application process including home visits and interviews is designed not only to determine if you meet minimum licensing requirements, but also to provide information that will be useful in making future placement decisions. The following steps must be completed and documentation must be received by the agency in order for your application to be considered complete and received by the agency:

Step One: This two page document, SFN 893-1 & 2.
Step Two: Completion of Fire/Safety Requirements.
Step Three: Receipt by agency of reference letters.
Step Four: Medical History Self-Declaration Form.
Step Five: Background check.

The Department of Human Services has sixty days from the date of completion of these steps in which to make a decision on your application. Upon notice to you, the Department may take an additional forty-five days in which to make its decision. Due to the time limits, you may be contacted regarding interviews and visits before the steps of the application have been completed.

Applicant's Name:	Applicant's Name:	
Street Address:		
City:	State:	Zip Code:
Applicant's Social Security Number:	Applicant's Social Security Number:	
E-mail Address:	E-mail Address:	
Home Telephone Number:	Work Telephone Number:	
Cell Phone Number:	Cell Phone Number:	
Religion:	Date:	
Directions for Reaching Home (if rural area):		

II. PERSONS IN HOUSEHOLD OTHER THAN FOSTER CHILD (Applicant information must be included below)

HOUSEHOLD MEMBERS		NAME	Relationship to Applicant	SEX	BIRTHDATE	OCCUPATION
Applicant	(a)					
Applicant	(b)					
Children or Other Relatives	(c)					
	(d)					
	(e)					
	(f)					
Other Persons Living in Household (Not including foster child)	(g)					
	(h)					
	(i)					

III. PRIOR CHILD CARE EXPERIENCE (Foster Care, Early Childhood Care, etc.)

A. Has applicant held a license to provide foster care, early childhood care, etc. in or outside of North Dakota? ☐ Yes ☐ No (If, Yes, applicant must provide complete information about all child care licensure experience and sign release of information allowing agency to access information.)

Name(s) on License:			
Agency:	Contact Person:		
Address: (1st Line)	City:	State:	Telephone Number:
Licensure Dates: From To	Ages: To		
Licensure Types: ☐ Foster Care ☐ Early Childhood Care ☐ Other	Sex of Children: ☐ Male ☐ Female ☐ Both		

Name(s) on License:			
Agency:	Contact Person:		
Address: (1st Line)	City:	State:	Telephone Number:
Licensure Dates: From To	Ages: To		
Licensure Types: ☐ Foster Care ☐ Early Childhood Care ☐ Other	Sex of Children: ☐ Male ☐ Female ☐ Both		

B. Has applicant ever received a notice of correction, revocation, or denial of a license to provide foster care, or other type of child care?
☐ Yes ☐ No (If Yes, provide name of agency, contact person, dates, and details in addition to a signed release of information.)

C. Has applicant been employed in any capacity at a group home, residential child care facility, residential treatment facility, early childhood care group or center? ☐ Yes ☐ No (If Yes, provide facility name, dates, contact person, reason for termination of employment, and other pertinent information.)

D. Has applicant provided any other child care (except for own children) in any capacity, either licensed or unlicensed? Explain:

Applicant's Name:	Date:	Applicant's Name:	Date:

IV. a. List all crimes with which applicant has been charged in the past ten years, along with the disposition of the charges:

b. List all criminal convictions where any jail or prison time was included in the sentence, **or** where the crime charged involved a physical assault of any kind or the threat of any physical assault. (Physical assault is defined as a touching of the person without the consent of the person touched):

c. If applicant(s) has ever had a service required decision, or a probable cause determination indicating that applicant(s) has abused or neglected a child, explain circumstances, date, location and resolution of situation.

d. If applicant has ever been a perpetrator of a sexual offense, explain circumstances.

V. CERTIFICATION:

We/I hereby make application to the North Dakota Department of Human Services for a license to provide Family Foster Care. In making this application, we/I state that we/I:

a. Have read and have a copy of the North Dakota Administrative Code 75-03-14, the rules for Family Foster Care Homes, and will comply with them.

b. Certify that the above information is true to the best of my knowledge and we/I grant permission for this information to be verified with the appropriate persons or agencies. (License to provide Family Foster Care may be revoked in accordance with NDCC 50-11 if issued upon fraudulent or untrue representation.)

Applicant's Signature:	Date:	Applicant's Signature:	Date:

VI. NAME AND ADDRESS OF SUPERVISING AGENCY:

VII. REFERENCES (Initial Only)

NAME THREE PEOPLE NOT RELATED TO YOU WHO KNOW YOU WELL AND ARE LIKELY TO RESPOND PROMPTLY TO THE AGENCY'S INQUIRY.

1. Name:	Address:	Occupation:
2. Name:	Address:	Occupation:
3. Name:	Address:	Occupation:

VIII. FACTS ABOUT THE CHILDREN YOU WOULD LIKE TO TAKE INTO YOUR HOME

Sex Preference:	Age Preference:	Number of Children: On-Going Basis:	Emergency Basis:

Comments and Factors to be Considered:

IX. PROTECTIVE SERVICE/BACKGROUND CHECKS

FOR COUNTY/AGENCY USE ONLY

Protective Service Reports? ☐ Yes ☐ No
Any negative indicators? ☐ Yes ☐ No
Investigation conducted? ☐ Yes ☐ No
Recommendation to License? ☐ Yes ☐ No
Criminal Background check? ☐ Yes ☐ No

If Licensure is Not Recommended, Attach Report

Signature County/Agency Representative:	Date:

STEP ONE IS A STATEMENT OF INTENT AND CAN BE WITHDRAWN BY THE APPLICANT AT ANY TIME

(Attach additional sheets if more space is needed for explanation of any items)

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.