



ADULT FOSTER CARE AFFIDAVIT OF STANDARD COMPLIANCE - IN LIEU OF LICENSE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES
SFN 915 (5-2025)

Name of Affiant
Name of Military Base or Tribal Council

The above-named Affiant deposes and says that (s)he is the duly appointed and acting agent with the authority to investigate and approve Adult Foster Care Home within the jurisdiction listed below.

Name of Federal Reservation

Adult Foster Care Home Investigated

Name of Adult Foster Care Home Provider		Date Investigated	
Address (Street - Rural Route)	City	State	County

That investigation and findings thereof show that the facility referred to above is in compliance with the requirement of NDCC 50-11, North Dakota Administrative Code 75-03-21 and Adult Foster Care standards established by the North Dakota Department of Health and Human Services.

Affiant	
Date Subscribed and Sworn to Me	

Base Commander, Tribal Chairperson, or Authorized Person Name
Base Commander, Tribal Chairperson, or Authorized Person Signature
Federal Reservation

This affidavit is issued for the period	
From:	To: