NOTICE OF CHANGE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-FOSTER CARE
SFN 45 (3-2025)

Clear Fields

Name of Child	Date of Birth	CCWIPS Client ID

CHANGE/ADD PLACEMENT ☐ Change in Primary ☐ Add Secondary Placement

Current Primary Provider			End Date	
Secondary Placement Provider	Start Date	End Date	Provider Type	
New Primary Provider		Start Date	End Date	
Address		City	State	ZIP Code

Licensed/Certified Foster Care:

☐ Family Foster Care (State and Tribal)
☐ Relative ☐ Kin ☐ Nonrelative

☐ QRTP Approved Level
☐ Base Level Only ☐ Level 3 Difficulty
☐ Level 2 Difficulty ☐ Emergency Rate (limit 30 days)

Nexus-PATH Level of Care:

☐ Treatment (TFC) ☐ With Transition Plan Agreement
☐ Emergency (30 days unapproved)
☐ Base ☐ Sibling ☐ Nonsibling
☐ Supervised Independent Living - Accommodated (18+)
☐ Supervised Independent Living - Supported (18+)

Payment Status of Licensed Foster Care Placement
☐ Open for Payment ☐ No Payment (list reason): _____
Relative providers are not eligible to receive TANF Kinship benefits and foster care payments in the same month

Comments

Other Placement
☐ Relative * ☐ Medical (PRTF or Hospital) ☐ Detention Center ☐ Pre-Adoptive Placement
☐ Trial Home Visit ☐ Assessment Bed ☐ Runaway ☐ Certified Shelter
☐ Other (specify): _____
☐ **Child remains under Tribal Nation or DJS custody in a non reimbursable out-of-home placement, close FRAME Court orders for ongoing custody and SFN 45's for all placement changes continue to be required until child is discharged from foster care.**

*Tribal custodians must complete the Placement Information form for all Relative placements. Contact FCSA Eligibility Unit

CHANGE IN CHILD'S STATUS

☐ **Custody Change**

New Custodial Agency	Effective Date

☐ **Income/Employment/Assets**

Monthly Gross Income	Type ☐ Earned ☐ Unearned Source (SSA, SSI, Employment, other): _____
Assets ☐ Savings ☐ Checking ☐ Other: _____	Amount

☐ **18+ Continued Care**

18+CC Effective Date

☐ Child is Title IV-E eligible and wishes to continue in foster care.
☐ Child is not Title IV-E eligible and is returning to 18+ Continued Care. New determination required.

CLOSING FOSTER CARE

Name of Person Discharged To	Telephone Number	Discharge Date	
Physical Address	City	State	ZIP Code
Mailing Address (PO Box if applicable)	City	State	ZIP Code

Relationship
☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (specify):

Reason
☐ Discharge from Foster Care Prior to Age 18
☐ Aged Out - Discharged From Foster Care at Age 18 or Greater
☐ Guardian
☐ 18+ Title IV-E Eligible Trial Independence
☐ Subsidized Guardianship
☐ Child Adopted
☐ Non-Subsidized Guardianship
☐ Subsidized Adoption ☐ Private Adoption
☐ Trial Home Visit Exceeds 6 Months
☐ Title IV-E Youth No Longer Eligible or Reimbursable
☐ Other (specify):

Date Finalized as per Court Order	State Adoption Took Place

CHANGE IN PARENTS' STATUS

☐ **Address Change** ☐ **Death of Parent**

Parent's Name	Effective Date of Address	Date of Death	
Address	City	State	ZIP Code

☐ **Employment** ☐ Start ☐ End

Parent's Name	Effective Date
Employer Name	Employer Address

☐ **Health Insurance Coverage** (do not include Medical Assistance) ☐ Primary ☐ Secondary

☐ Medical ☐ Dental ☐ Vision ☐ Prescription	Start Date	End Date
Name of Insurance Company	Insurance Company Address	
Name of Policyholder	Policy Number	Group Name

Note: Insurance company verification is required when a policy ends.

Worker Name	Agency	Date

If placed with Nexus-PATH - Nexus-PATH supervisor must complete this section

Nexus PATH Worker	Initials for Approval of Dates	Date

Distribution:
☐ Custodial Agency Child File ☐ CFS FCSA Eligibility Unit - cfsfcsaunit@nd.gov

CFS FCSA Eligibility Unit Internal Routing

FC Unit	Medicaid Unit	Sub-Adopt Unit	Child Support Unit