NOTICE OF CHANGE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-FOSTER CARE
SFN 45 (12-2021)

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 Foster Care Placements:

- ☐ Family Foster Care
- ☐ Tribal Affidavit Home
- ☐ Youthworks Host Home
- ☐ QRTP Approved Level
  - ☐ Base Level Only ☐ Level 3 Difficulty
  - ☐ Level 2 Difficulty ☐ Emergency Rate (limit 30 days)

Nexus-PATH Foster Care Placements:

- ☐ Intensive Treatment FC
- ☐ Therapeutic FC
- ☐ Regular FC
- ☐ Supervised Independent Living - Accommodated (18+)
- ☐ Supervised Independent Living - Supported (18+)

Comments

Payment Status of Licensed Foster Care Placement

☐ Open for Payment ☐ No Payment (list reason): _____

☐ Eligible for Irregular Payments-Attach Irregular Payment Approved Form (SFN 1042) if special instructions apply

Other Placement

☐ Relative ☐ Medical (PRTF or Hospital) ☐ Runaway ☐ Pre-Adoptive Placement
☐ Trial Home Visit ☐ Detention Center ☐ Other (specify): _____
☐ Child remains under tribal or DJS custody in a non reimbursable out-of-home placement, close FRAME and Eligibility File

CHANGE IN CHILD'S STATUS

☐ **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.

Eligibility Criteria for 18+ Continued Care Program

☐ Education ☐ Employment ☐ Employment Preparatory Program ☐ Medical Condition

☐ **Parental Rights Terminated**

☐	Mother's Name	Effective Date
☐	Father's Name	Effective Date
☐	Other Named Parent(s)	Effective Date

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
☐ Child Adopted
☐ Subsidized Guardianship
☐ Non-Subsidized Guardianship

Date Finalized as per Court Order	State Adoption Took Place

☐ Other (specify): _____

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 ☐ Change ☐ End

Parent's Name		Effective Date	
Employer Name			
Address	City	State	ZIP Code

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

☐ Medical ☐ Dental ☐ Vision ☐ Prescription

Name of Insurance Company	Start Date	End Date	
Address	City	State	ZIP Code
Name of Policyholder	Policy Number	Group Name	

Worker Name	Title
Agency	Date

Distribution:
☐ CFS-Field Service Specialist
☐ CFS Eligibility Unit - cfsfcsaunit@nd.gov
☐ Case Management Child File

CFS Eligibility Unit Internal Routing

FC Unit	Medicaid Unit	Sub-Adopt Unit	Child Support Unit