## SUBRECIPIENT RISK ASSESSMENT CHECKLIST - COUNTIES NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES FISCAL ADMINISTRATION DIVISION

50-01.2-03. Duties of county social service board.

SFN 173 (7-2017)

The county social service board of each county in this state shall:

- 1. Supervise and direct all human service activities conducted by the county including county general assistance or other public assistance.
- 2. Supervise and administer, under the direction and supervision of the department of human services, human services in the county which are financed in whole or in part with funds allocated or distributed by the department of human services.
- 3. Aid and assist in every reasonable way to efficiently coordinate and conduct human service activities within the county by private as well as public organizations.
- 4. Subject to subsection 17 of section 50-06-05.1, administer the supplemental nutrition assistance program in the county under the direction and supervision of the department of human services in conformity with the Food Stamp Act of 1964, as amended, and enter into an agreement for administering the supplemental nutrition assistance program with the department of human services.
- 5. Subject to subsection 19 of section 50-06-05.1, administer the energy assistance program in the county under the direction and supervision of the department of human services and to enter into an agreement for administering the energy assistance program with the department of human services.
- 6. Charge and collect fees and expenses for services provided by its staff in accordance with policies and fee schedules adopted by the department of human services.
- 7. Supervise and administer designated child welfare services under the direction and supervision of the department of human services. Through established procedures the department of human services may release the county social service board of this duty or the county social service board may request to be released from this duty by the department of human services. If a county is released from the county's duty to supervise and administer designated child welfare services under this subsection, the county retains its financial responsibility for providing those services unless otherwise negotiated and approved by the department.

| County Name   |  | Year |  |  |
|---|--|------|--|--|
| Name of County Director   |  |      |  |  |
| Employed as County Director for more than 1 year Employed as County Director for less than 1 year |  |      |  |  |
| Name of SFN 119 Preparer  |  |      |  |  |
| Prepared SFN 119's for more than one  | e year Prepared SFN 119's for less than 1 year |      |  |  |
|   |  |      |  |  |
| Audit Type Single Audit Financial Audit   | Name of Audit Firm                             |      |  |  |
| Findings No Yes   |  |      |  |  |
| If Yes, Explain:  |  |      |  |  |
|   |  |      |  |  |
|   |  |      |  |  |
| If yes, is corrective action plan acceptable No Yes   | 9?   |      |  |  |
| Explain:  |  |      |  |  |
|   |  |      |  |  |
|   |  |      |  |  |

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| Prior SFN 119 Review Errors             |
|---|
| □ No □Yes                               |
| If Yes, Explain:                        |
| Too, Explain.                           |
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|   |
| Overall Financial Risk                  |
| Low High                                |
|   |
| Explain:                                |
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|   |
| OFOD F                                  |
| CFSR Errors                             |
| □ No □Yes                               |
| If Yes, Explain:                        |
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|   |
| Family Preservation Review Errors       |
| □ No □ Yes                              |
|   |
| If Yes, Explain:                        |
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|   |
| Foster Care Review Errors               |
|   |
| □ No □Yes                               |
| If Yes, Explain:                        |
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|   |
| Child Protective Services Review Errors |
| □ No □ Yes                              |
| If Yes, Explain:                        |
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| Adoption Review Errors                  |
| No Yes                                  |
|   |
| If Yes, Explain:                        |
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|   |
|   |
|   |

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| Child Care Licensing Errors           |
|---------------------------------------|
| No Yes                                |
|                                       |
| If Yes, Explain:                      |
|                                       |
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| Ovality Control Poving Funda          |
| Quality Control Review Errors  No Yes |
|                                       |
| If Yes, Explain:                      |
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|                                       |
|                                       |
|                                       |
|                                       |
| SNAP Review Errors                    |
| □ No □Yes                             |
| If Yes, Explain:                      |
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|                                       |
|                                       |
|                                       |
|                                       |
| Quality Assurance Review Errors       |
| □ No □ Yes                            |
| If Yes, Explain:                      |
| in 163, Explain.                      |
|                                       |
|                                       |
|                                       |
|                                       |
| Child Care (Eligibility or Payment)   |
| No Yes                                |
|                                       |
| If Yes, Explain:                      |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
| LIHEAP (Eligibility or Payment)       |
| □ No □Yes                             |
| If Yes, Explain:                      |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
| HCBS (Eligibility or Payment)         |
| □ No □Yes                             |
| If Yes, Explain:                      |
|                                       |
|                                       |
|                                       |
|                                       |

## **Additional Concerns from Senior Managers**

| Children and Family Services      |      |
|-----------------------------------|------|
| Explain Concerns:                 |      |
| Medical Services                  |      |
| Explain Concerns:                 |      |
| Economic Assistance               |      |
| Explain Concerns:                 |      |
| Aging Services                    |      |
| Explain Concerns:                 |      |
| Fiscal Administration             |      |
| Explain Concerns:                 |      |
| Overall Program Risk              |      |
| Low High                          |      |
| Explain:                          |      |
|                                   |      |
| Signature (confirms completeness) | Date |