



ANNUAL APPLICATION TO PROVIDE FAMILY FOSTER CARE
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FOSTER CARE DIVISION
 SFN 400 (10-2019)

Instructions: Every twelve months a ND foster care license or approval (Tribal Affidavit) must be re-evaluated. A licensed or approved (Tribal Affidavit) foster family must complete this form as part of the annual renewal to provide foster care for children. This information is used to update the payment system, gain a better understanding of the family composition and assist the licensing authorized agent with the annual renewal process.

APPLICANT #1

Full Name		Date of Birth	
Home Telephone Number	Cell Phone Number		Work Telephone Number
Email Address		Occupation/Employment	
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Native American <input type="checkbox"/> Asian		Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-Married <input type="checkbox"/> Partner/Live-In			

APPLICANT #2

Full Name		Date of Birth	
Home Telephone Number	Cell Phone Number		Work Telephone Number
Email Address		Occupation/Employment	
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Native American <input type="checkbox"/> Asian		Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-Married <input type="checkbox"/> Partner/Live-In			

APPLICANT ADDRESS

Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code

Persons living in the household other than foster children and applicant(s).

Household Members	Full Name	Relationship to Applicant	Gender	Birthdate	Occupation/Employment
Other Adults living in the home <i>List all over the age of 18 years old.</i>					
Children living in the home <i>Do not include foster children on this list.</i>					

In the past 12 months:

Has the applicant been arrested, charged, or convicted of any criminal activity? If yes, explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant provided child care (except to own children) in any capacity, either licensed or unlicensed? <i>If yes: Explain in detail:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant received notice of correction, revocation, or denial of a license to provide care to a child? <i>If yes: Explain in detail</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

FACTS ABOUT THE CHILDREN YOU WOULD LIKE TO CARE FOR IN YOUR HOME

All homes will be licensed for ages 0-20. Please indicate your preferences or if the license will be child specific.

Gender Preference <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	Age Preference	Number of Children
In addition to long-term foster care, are you willing to provide: <input type="checkbox"/> Emergency Short-Term Foster Care <input type="checkbox"/> On-going Foster Care <input type="checkbox"/> Respite Care		
If Child Specific, Detail Demographics of the Child (age, name, gender)		
Comments		

CERTIFICATION

a. 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: b. 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. c. Certify that all 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 Signature	Date
Applicant Signature	Date

**** Following sections to be completed by licensing worker ****

AUTHORIZED LICENSING AGENT

Name of Authorized Licensing Agent/Agency	Name of Worker	
Email Address		Telephone Number

APPLICATION

<input type="checkbox"/> Accepted - proceed to home study
<input type="checkbox"/> Denied - letter has been sent to applicant(s) detailing reason for denial
Comments

Signature of Authorized Agent Worker	Date
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