



KINSHIP-ND ALLOWANCE VERIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 403 (5-2024)

The agency case worker shall complete the form to verify placement and eligibility of child and caregiver.

Submit completed form to Kinship ND kinship@nd.gov.

Note: caregiver needs to already be accepted into Kinship-ND Allowance (SFN 401), before this form can be submitted.

AGENCY REFERRAL

Human Service Zone		Tribal Child Welfare	
Assigned Worker Name	Worker Email Address	Worker Telephone Number	

DEMOGRAPHICS (Provide basic demographic information of the caregiver and child)

Caregiver Name			Caregiver Telephone Number
<input type="checkbox"/> Same mailing address as on Kinship-ND Allowance Application (SFN 401) <input type="checkbox"/> Mailing address has changed (specify below):			
New Mailing Address	City	State	ZIP Code
Child's Name (First and Last)	Child's Date of Birth	Was the child in the caregiver's home the entire month?	Dates of Overnight Visits with Home of Origin (MM/DD/YYYY - MM/DD/YYYY)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

VISITS (Two visits with the child and caregiver are required each month. List the dates, locations and people present at each visit.)

VISIT 1		VISIT 2	
Date	Location	Date	Location
People Present		People Present	
If visit was unable to happen, explain reason		If visit was unable to happen, explain reason	
Were there attempts to reschedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were there attempts to reschedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did reunification happen? <input type="checkbox"/> Yes - Date of Reunification: _____ <input type="checkbox"/> No - Why not? _____			
Is child moving to a different home? <input type="checkbox"/> No <input type="checkbox"/> Yes - When: _____			
Is this still an open in-Home case in FRAME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, will the case be closed soon? <input type="checkbox"/> Yes - list anticipated date: _____ <input type="checkbox"/> No			
Signature of Assigned Worker			Date

CFS KINSHIP-ND OFFICE USE

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments
---	----------