APPLICATION TO PROVIDE AGENCY ADULT FOSTER CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES
SFN 541 (12-2019)

Clear Fields

The application process for Adult Foster Care includes home visits and interviews designed to determine whether applicants meet minimum licensing requirements.

	NAME	SERVICE	DATE OF BIRTH
AGENCY			
INDIVIDUALS LIVING IN ADULT AGENCY FOSTER CARE			
Address - Street:		Telephone Number:	
City:		County:	ZIP Code:

Have you previously applied for an Agency Adult Foster Care License? ☐ Yes ☐ No
If yes, list the county and state where the application was made.
Was the application approved? ☐ Yes ☐ No

I have read the rules and regulations governing Agency Adult Foster Care and agree to abide by them. As stated in the regulations, I understand and agree that I must be the owner or lessee and provide 24-hour care where Agency Adult Foster Care is provided.

Signature of Agency:	Date: