



**FOSTER CARE PLACEMENT NOTIFICATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES FOSTER CARE DIVISION  
 SFN 630 (6-2018)

Name of Custodial Agency		County	
Name of Child		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State ZIP Code
Name of School		Grade Completed	Expected Graduation Date
Has the child been referred for screening services under Health Tracks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the child ever been adopted? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, does the family receive a subsidy payment? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, administered by? <input type="checkbox"/> NDDHS <input type="checkbox"/> Out-of-State Agency	

**PARENT INFORMATION (BIOLOGICAL/ADOPTIVE)**

Status of Biological/Adoptive Parents to Each Other <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Single Parent Adoption			
Name of Mother		Date of Birth	Telephone Number
Physical Address		City	State ZIP Code
Name of Father		Date of Birth	Telephone Number
Physical Address		City	State ZIP Code

**PLACEMENTS SINCE REMOVAL (start with current placement)**

Date From	To Present	Name	
Address		City	State ZIP Code
Licensed Foster Care Placement <input type="checkbox"/> Family Foster Care <input type="checkbox"/> Residential Child Care Facility <input type="checkbox"/> PATH Step Down <input type="checkbox"/> PATH Flow Through-County Rate <input type="checkbox"/> Tribal Affidavit Home <input type="checkbox"/> Therapeutic <input type="checkbox"/> PATH Regular			
Family Foster Home Emergency Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-licensed Foster Care Placement <input type="checkbox"/> Relative <input type="checkbox"/> Medical (PRTF or Hospital) <input type="checkbox"/> Detention Center <input type="checkbox"/> Runaway <input type="checkbox"/> Other (specify):			
Date From	Date To	Name	
Address		City	State ZIP Code
Licensed Foster Care Placement <input type="checkbox"/> Family Foster Care <input type="checkbox"/> Residential Child Care Facility <input type="checkbox"/> PATH Step Down <input type="checkbox"/> PATH Flow Through-County Rate <input type="checkbox"/> Tribal Affidavit Home <input type="checkbox"/> Therapeutic <input type="checkbox"/> PATH Regular			
Family Foster Home Emergency Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-licensed Foster Care Placement <input type="checkbox"/> Relative <input type="checkbox"/> Medical (PRTF or Hospital) <input type="checkbox"/> Detention Center <input type="checkbox"/> Runaway <input type="checkbox"/> Other (specify):			

**NOTE: A copy of all family foster home and therapeutic provider licenses and background check results are required in the foster care file.**

**LEGAL**

Was a petition filed that eventually led to the court ordered removal? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date Petition Filed (attach copy of petition)
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Court Ordered Removal Date (attach copy of court order**)	If court order does not specify removal date, indicate date of hearing sanctioning removal
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As per the court order, whom was the child legally removed from (legal removal home)? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	If Other, List the Name
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Other's Relationship to the Child <input type="checkbox"/> No Relation	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach guardianship document)
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**\*\* Documentation of Judicial Determinations - Applies to all children in Foster Care (447-10-20-10)**  
 The initial removal order must contain the following judicial determinations\*:  
 Contrary to the Welfare to remain in the home or In the Best Interest of the child to be removed from the home  
 Reasonable efforts were made to prevent removal or were not required due to aggravated circumstances as defined in law (If not in the initial order, finding must be obtained within 60 days of removal to determine eligibility).  
 Gives responsibility to a public agency (ex: care, custody, and placement authority)

*\*IMPORTANT: Judicial determinations must be made by a District Court Judge, Tribal Judge or judicial referee, which have the authority to make such a determination (447-10-25-05). The judicial determinations must be in the court order and cannot be incorporated into the order through an affidavit and/or petition. Court orders must include a copy of any/all documents that are incorporated into the order (example: affidavit, petition, and other specified documents).*

List all residences where the child lived in the 6 months prior to removal, starting with the residence at the time of removal:

Date From	Date To	Name		
Address		City	State	ZIP Code
Date From	Date To	Name		
Address		City	State	ZIP Code

Type of Residence  
 Detention Center  Hospital  Friend/Not Related  Mother  Father  Other Relative (specify):

If the child was not living with the specified relative listed in the legal removal home at the time of removal, did the child live with that specified relative at any time within the 6 months prior to the removal month?  
 No (case is not IV-E)  Yes, explain:

**ELIGIBILITY MONTH**

Enter the date the petition was filed or if no petition was filed, enter court ordered removal date. Refer to Legal section above for date.

ELIGIBILITY MONTH (month/year)
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Important: The information provided on the SFN 641 Title IV-E Title XIX Application Foster Care must be specific to the eligibility month.

Case Manager Signature	Date
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DISTRIBUTION: Financial County    Legal Custodian    Regional Human Service Center    Regional Child Support Office