FOSTER CARE PLACEMENT NOTIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES FOSTER CARE DIVISION
SFN 630 (12-2021)

Clear Fields

☐ Regular Foster Care
☐ Emergency 96-Hour Foster Care

Name of Custodial Agency/Human Service Zone	County		
Name of Child	Date of Birth	Gender ☐ Male ☐ Female	
Residence at Time of Removal	City	State	ZIP Code
Name of School	Grade Completed	Expected Graduation Date	
Has the child been referred for screening services under Health Tracks? ☐ Yes ☐ No			
Has the child ever been adopted? ☐ Yes ☐ No	If yes, does the family receive a subsidy payment? ☐ Yes ☐ No	If yes, administered by? ☐ NDDHS ☐ Out-of-State Agency	

PARENT INFORMATION (BIOLOGICAL/ADOPTIVE)

Status of Biological/Adoptive Parents to Each Other
☐ Married ☐ Divorced ☐ Never Married ☐ 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

Current Placement Name	Date Placed	End Date	
Address	City	State	ZIP Code

Licensed Foster Care Placement
☐ Family Foster Care ☐ Qualified Residential Treatment Facility ☐ PATH Intensive Treatment FC
☐ Tribal Affidavit Home ☐ PATH Therapeutic ☐ Supervised Independent Living
☐ Youthworks Host Home ☐ PATH Regular

Non-licensed Foster Care Placement
☐ Relative ☐ Medical (PRTF or Hospital) ☐ Detention Center ☐ Runaway
☐ Other (specify):

Prior Placement Name	Date Place	End Date	
Address	City	State	ZIP Code

Licensed Foster Care Placement
☐ Family Foster Care ☐ Qualified Residential Treatment Facility ☐ PATH Intensive Treatment FC
☐ Tribal Affidavit Home ☐ PATH Therapeutic ☐ Supervised Independent Living
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Non-licensed Foster Care Placement
☐ Relative ☐ Medical (PRTF or Hospital) ☐ Detention Center ☐ Runaway
☐ Other (specify):

Complete a Notice of Change (SFN 45) for additional placements since removal.

LEGAL

Date Petition/Affidavit Filed for Removal (attach copy)	Court Ordered Removal Date (attach copy of court order)
If court order does not specify removal date, indicate date of hearing sanctioning removal	Physical Removal Date
If physical removal did not take place on the court ordered date, explain	
As per the court order, whom was the child legally removed from (legal removal home)? ☐ Mother ☐ Father ☐ Other	If Other, List the Name
Other's Relationship to the Child ☐ No Relation	Legal Guardian? ☐ Yes (attach guardianship document) ☐ No

Emergency Placement - 96 HOURS OR LESS (no exceptions) - Not applicable to children under the custody of a Tribal Nation

Placement Start Date	Placement Start Time	Placement End Date	Placement End Time
Child placed with agency through: ☐ No Legal Custody/Shelter Care - STOP! This is not a child in foster care. ☐ Temporary/Emergency Removal Order ☐ Law Enforcement Removal			

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 date of legal removal	Name		
Address		City	State	ZIP Code
Type of Residence ☐ Detention Center ☐ Hospital ☐ Friend/Not Related ☐ Mother ☐ Father ☐ Other Relative (specify):				
Date From	Date To	Name		
Address		City	State	ZIP Code
Type of Residence ☐ Detention Center ☐ Hospital ☐ Friend/Not Related ☐ Mother ☐ Father ☐ Other Relative (specify):				

ELIGIBILITY MONTH

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

Internal Use Only:

☐ This case is an Emergency Placement (96 hours or less) - Eligible for RM match only

DISTRIBUTION: CFS FCSA Unit Custodial Agency Child Support