



**CREDIT REPORT**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 FISCAL ADMINISTRATION  
 SFN 827 (2-2020)

Mail Check and Form(s) to:  
 ND DEPT. OF HUMAN SERVICES / FISCAL  
 ADMINISTRATION  
 600 E. Boulevard Avenue, Dept. 325  
 Bismarck, ND 58505-0250

Complete a separate form for EACH INDIVIDUAL case/program. You may submit one check for multiple cases/ programs.

Human Service Zone Office	Check/Money Order Number			
Case Name	Amount of Check			
Case Number	Amount Paid on this Claim (applicable only if payment is for multiple cases)			

Complete program information for the case identified above. **(Incomplete form along with the check will be returned for completion and resubmission)**

**Foster Care / Sub Adopt**

Provider Number (obtained from CCWIPS)	Provider Type	Amount	Match Code	Service Month and Year	Payment Date
	<input type="checkbox"/> Family <input type="checkbox"/> SIL <input type="checkbox"/> Residential/Facility				
	<input type="checkbox"/> Family <input type="checkbox"/> SIL <input type="checkbox"/> Residential/Facility				
	<input type="checkbox"/> Family <input type="checkbox"/> SIL <input type="checkbox"/> Residential/Facility				
	<input type="checkbox"/> Family <input type="checkbox"/> SIL <input type="checkbox"/> Residential/Facility				
	<input type="checkbox"/> Family <input type="checkbox"/> SIL <input type="checkbox"/> Residential/Facility				

**Child Care Assistance**

Assistance Type (check one)     TANF     NON-TANF     CROSSROADS

Reason for Refund

(Parents' Name(s) is to be reported below)

Parents' Name(s)	Provider Name	Service Month and Year
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**SNAP**

Check if payment is for SNAP   

**TANF**

Check if payment is for TANF <input type="checkbox"/>	Service Month and Year
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**LIHEAP**

Check if payment is for LIHEAP <input type="checkbox"/>	Fiscal Year
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**DO NOT** use this form for **ORIGINAL STATE CHECKS** that are sent back to us. **ORIGINAL STATE CHECKS** should only be sent back for cancellation and then use cancellation form SFN 773 (8-2009).

Completed By	Telephone Number	Date
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