



ANNUAL LICENSING APPLICATION - MATERNITY HOME

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FOSTER CARE DIVISION

SFN 838 (2-2022)

Licensure Type

Initial Application

Renewal Application

Name of Agency			Telephone Number	
Name of Director				
Mailing Address		City	State	ZIP Code
Street Address		City	State	ZIP Code
Email Address			Fax Number	

WE ATTACH THE FOLLOWING:

1. New or changed policies since last licensure
2. Names and addresses of members of governing board
3. Corporate Status Profit Not for Profit
4. Insurance (attach documentation)

Property Insurance

Carrier Name	Policy Number	Term
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Professional Liability Insurance

Carrier Name	Policy Number	Term
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5. Inspections (attach copies of report with corrections if applicable) Fire/Safety Inspection Sanitation Inspection
6. Completed policy checklists
7. Annual child abuse and neglect employee checks
8. Copies of new employee criminal background checks

9. Resident Statistics Since Last Licensure

Start Date	End Date
Total Number of Women Residents Served	Total Number of Children Residents Served
Average Length of Stay (Women)	
Number of Residents Under Age 18 (Women and Children)	
Number of Residents Who Release Their Child for Adoption	

CERTIFICATION

I hereby certify:

- a. I have read and have a copy of the North Dakota Century Code, Chapter 50-19.
- b. That the information contained in this application is true to the best of my knowledge and I grant permission for this information to be verified with the appropriate persons or agencies.
- c. That this agency, in accordance with Federal Executive Order #12549, is not presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participating in covered transactions. A covered transaction means a contract, or written agreement, grant, or any other arrangement where a contractor receives federal money from the State or other agency.

We request the North Dakota Department of Human Services to inspect/conduct a certification study to verify compliance with requirements.

Signature		Date
Title	Agency	