FOSTER CARE FINANCIAL REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 843 (9-2019)

Clear Fields

Directions: This form must be completed and signed by each foster parent before initial licensure and during each renewal. The licensing worker will confirm the information when completing the home study visit. This financial report is required as federal standards for foster parenting require foster parents be financially stable with reasonable income or resources available to care for oneself and all members of the household. Foster care reimbursement is provided to offset the cost of caring for a foster child in the home. Foster care reimbursement is not income, foster parents are not paid to provide foster care, rather they are reimbursed for costs associated with caring for a foster child. Foster parents are not taxed or issued a W-2 or a1099 from the Department.

Foster Parent Name(s)

MONTHLY INCOME

Parent 1 Salary/Wages	$
Parent 2 Salary/Wages	$
Other Income	$
Discussion/Comments	

MONTHLY BENEFITS

Receipt of public assistance benefits does not exclude a family from providing foster care

Is family receiving SNAP, TANF, Housing, SSI, SSDI, etc? ☐ Yes ☐ No	Amount Received
Is family aware of how to access public assistance benefits, if needed? ☐ Yes ☐ No	
Discussion/Comments	

MONTHLY EXPENSES

Mortgage/Rent	$
Utilities/Bills	$
Food	$
Clothing	$
Entertainment	$
Other	$
Discussion/Comments	

Have you ever filed for bankruptcy? ☐ Yes ☐ No	If yes, what month/year?
Discussion/Comments	

SIGNATURES: BOTH APPLICANTS MUST SIGN

I/we hereby declare that we have reviewed our finances and are financially stable to meet the needs of the members of our household. I/we understand how to access resources in the event we engage in economic hardship. I/we understand all allowable and pre-approved costs are reimbursed after the expenses and services have been rendered, meaning I/we will be responsible to purchase clothing, pre-pay activity fees, pre-pay child daycare costs, and other expenses associated with the care of a foster child. I/we understand I/we must have a means to wait for reimbursement for the care of the foster child by the Department. I/We understand every effort is made to have timely reimbursement, however at times it can take up to one month.

Applicant 1 Signature	Date
Applicant 2 Signature	Date

********** **AUTHORIZED LICENSING AGENCY ONLY** **********

- ☐ I have reviewed the form with the foster parent/s and believe the information provided accurately reflects the financial stability of the home.
- ☐ The foster parent/s understand pre-approval from the foster care case manager is required for specific purchases if they are seeking reimbursement.
- ☐ The foster parent/s understand foster care costs are reimbursed after the expenses and services have been rendered, meaning they will be responsible to purchase clothing, pre-pay activity fees, pre-pay child daycare costs, and other expenses associated with the care of a foster child.

Licensing Worker Signature	Date

Distribution Copy:

- ☐ Foster Home
- ☐ Authorized Licensing Agent
- ☐ Licensing Agency - DHS