



IDENTIFIED RELATIVE LICENSE - FAMILY FOSTER HOMES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 844 (4-2024)

Directions: North Dakota has three levels of licensing (licensed, certified, and relative). Federal regulations allow agencies to require different standards or waive non-safety licensing standards in order to eliminate barriers to placing children safely with identified relatives (NDCC 50-11-00.1(11)). The form must be completed and signed by the Provider/s, Custodian and the Licensing Specialist agreeing to the relative standards. Those who hold an identified relative license are prohibited from caring for unrelated children.

Foster Care Provider Name
Authorized Licensing Agent (Agency Name)

IDENTIFIED RELATIVE WAIVER - CATEGORIES

Every effort must be made to ensure that all family foster care providers meet the relative licensing standards set forth in NDAC 75-03-14 and manual chapter 622-05. Select the area/s of requested waiver (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Age 21; waiver issued to a prospective foster parent no less than age 18 if determined appropriate | |
| <input type="checkbox"/> Physical characteristics of the home | <input type="checkbox"/> Applicant physical exam |
| <input type="checkbox"/> Bedrooms/Sleeping Arrangements | <input type="checkbox"/> Full pre-service training |
| <input type="checkbox"/> Background check results (not all results can be waived) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Functional Literacy | |
| <input type="checkbox"/> Other _____ | |

Provide any additional details agreed upon by the agency and relative:
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SIGNATURES: APPLICANTS MUST SIGN

I/we hereby declare that we meet the requirements to be relative foster care providers. We understand that this declaration is required for foster home licensure.

Applicant 1 Signature	Date
Applicant 2 Signature	Date

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

- ☐ I have discussed with the relatives options for a license to provide foster care for children.
As the licensing specialist, I request a relative license on behalf of the home.
- ☐ I have received page 2 of this document from the custodian

Licensing Specialist Signature	Date
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Waiver Request Approved by HHS - CFS Licensing Unit

HHS - CFS Licensing Representative Signature	Date
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Distribution Copy:

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

Identified Relative Family Name

CUSTODIAL AGENCY IDENTIFIED RELATIVE ACKNOWLEDGMENT:

I attest that the applicants qualify as an identified relative or kinship caregiver based on NDCC 50-11-00.1(11): "Identified relative" or "kinship relative" means:

- a. The child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin;
- b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a;
- c. An individual recognized in the child's community as having a relationship with the child similar to a relationship described in subdivision a; or
- d. The child's stepparent.

I understand that due to the identified relative level of licensure, the provider is only licensed to care for the following children and they cannot care for unrelated children. HHS will not reimburse for any costs related to the care of any unrelated children. The provider will be issued a child specific license.

Please identify the relative children in foster care that are / will be living in the home:

Name/Initials of Child	Gender	Date of Birth	Child's Relationship to Applicant

When complete, return page 2 to the assigned licensing specialist or the CFS Licensing Unit. Failure to return this form may delay the issuing of the provider license.

SIGNATURES

Custodial Agency	
Case Worker Name	Case Worker Telephone Number
Case Worker Signature	Date