



INITIAL LICENSING SPECIALIST CHECKLIST FOR FAMILY FOSTER HOMES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 850 (4-2024)

Directions: During initial licensure, this checklist must be completed and signed by the authorized licensing agent (Licensing Specialist) and sent to the CFS Licensing Unit. The licensing specialist will confirm the checklist items have been completed by initialing the box. The full kit with electronically submitted documents must be submitted to the HHS CFS Licensing Unit for review. If an item does not apply, mark "n/a".

Applicant A	Applicant B
Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify):	

Full Kit Checklist Item	Authorized Licensing Agent (Licensing Specialist)	HHS - CFS Licensing
Application to Provide Family Foster Care (SFN 893)		
Fingerprint-based Criminal Background Check Results Attached <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Other household members <i>Note: The fingerprint criminal background check results do include the child abuse and neglect index check. No SFN 433 required.</i> Permission to Disclose Child Welfare History (CPS, IH, FC): <input type="checkbox"/> Applicant 1 Signed SFN SFN 1059 (if applicable) <input type="checkbox"/> Applicant 2 Signed SFN SFN 1059 (if applicable)		
Physical Exam Verification (SFN 974) - (Not required for Identified Relative Licensure) <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B		
Initial Home Study (SFN 889)		
Licensing Packet (SFN 1037)		
Fire Safety <input type="checkbox"/> Fire extinguisher purchase/expiration verification <input type="checkbox"/> Fire Escape Plan (drawing of the home)		
Driver's License Copy <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Other Household Members		
Provider Policy and Standards Review (SFN 1038)		
Training Documentation <input type="checkbox"/> Initial PRIDE/UNITY in Progress <input type="checkbox"/> Initial PRIDE/UNITY Complete <input type="checkbox"/> Initial Fire Safety <input type="checkbox"/> Initial Provider Orientation Notes		
Direct deposit information (voided check) received for reimbursement. **NOT REQUIRED for Nexus PATH homes		

** If Applicable**		
Identified Relative Waiver (SFN 844)		
Tribal Affidavit (SFN 890)		
Emergency/Shelter Care Agreement (SFN 928) (Required for ALL certified homes and some fully licensed)		
SFN 53656 (W-9 with voided check) **Required when reimbursement is authorized through Fiscal for respite, shelter and property damage claims (Required for ALL certified homes and some fully licensed)		
Reference Check (SFN 902 and/or verification of contact)		
Record of Pet Vaccinations (verification of rabies vaccine)		
Water Well Testing Results		
Attach the Memorandum of Understanding specific to:		
Comments		

I hereby declare I have completed the licensing home study and collected all pertinent forms required to approve the family foster home for children based on licensing standards set forth in NDAC 75-03-14 and 622-05 policy.

Licensing Specialist Signature	Date
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***** CFS LICENSING UNIT - LICENSING AGENCY ONLY *****

Date Licensing Paperwork Received	Date Licensing Information Entered in CCWIPS and Department File
CFS Licensing Unit Representative Signature	Date

Distribution Copy:
☐ Licensing Agency - Department