



# INITIAL LICENSING CHECKLIST FAMILY FOSTER HOMES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 850 (3-2022)

**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 NDDHS CFS Licensing Unit for review. If an item does not apply, mark "n/a".

Applicant 1	Applicant 2
Authorized Licensing Agency	
Agency <input type="checkbox"/> NDDHS <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Youthworks <input type="checkbox"/> Other (specify):	

Full Kit Checklist Item	Authorized Licensing Agent (Licensing Specialist)	NDDHS Representative
Application to Provide Family Foster Care (SFN 893)		
Reference Check		
Fingerprint-based Criminal Background Check Results Attached <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <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) <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		
Initial Home Study (SFN 889)		
Licensing Packet (SFN 1037) Declaration of Good Health <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Other Household Members  <div style="border: 1px solid black; padding: 2px; width: fit-content;">Specify How Many Household Members and Who</div>		
Fire Safety Self Declaration <input type="checkbox"/> Heating source (electric, gas, propane, or coal/wood). If inspection is required, verification is required every <u>two years</u> . <input type="checkbox"/> Verification of last furnace inspection <input type="checkbox"/> Chimney inspection (if applicable) <input type="checkbox"/> Hot water boilers (apartment buildings separate from living spaces). If inspection is required, verification is required every <u>three years</u> . <input type="checkbox"/> Verification of last inspection <input type="checkbox"/> Fire extinguisher purchase/inspection verification <input type="checkbox"/> Fire Escape Plan (drawing of the home)		
Driver's License Copy <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Other Household Members		
<i>For all other drivers, foster parents are held to the decision making of approving drivers based on reasonable and prudent parenting. All drivers must follow the state law of having automobile insurance.</i>		

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"/> 2 Hour Initial Fire Safety  Notes <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
Direct deposit information (voided check) received for reimbursement. **NOT REQUIRED for Nexus PATH homes		
SFN 53656 (W-9 with voided check) **Required when reimbursement is authorized through Fiscal for respite, shelter and property damage claims		

<b>** If Applicable**</b>		
Relative Waiver (SFN 844)		
Tribal Affidavit (SFN 890)		
Record of Pet Vaccinations (verification of vaccines)		
Lab Reports <input type="checkbox"/> Non-municipal-water well testing <input type="checkbox"/> Raw milk		
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:

- NDDHS CFS Licensing Unit -File
- Authorized Licensing Agent, if applicable