



# LICENSING CHECKLIST FAMILY FOSTER HOMES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 851 (4-2022)

**Directions:** This checklist must be completed and signed by the authorized licensing agent (Licensing Specialist) and the licensing agency, North Dakota Department of Human Services CFS Licensing Unit at each licensing renewal period. The Licensing Specialist will confirm that the checklist items have been completed by initialing the item box. The full kit with electronically submitted documents must be submitted to the CFS Licensing Unit **15 days prior** to the expiration of the current license date. If the item does not apply to the home, mark "n/a".

Applicant 1	Applicant 2
Authorized Licensing 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)		
State Child Abuse and Neglect Check <input type="checkbox"/> Applicant 1 signed SFN 433 <input type="checkbox"/> Applicant 2 signed SFN 433 <input type="checkbox"/> Other adults in the home signed SFN 433 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)	NDDHS will complete this task.	
Court Public Search Results <input type="checkbox"/> Applicant 1 completed and attached <input type="checkbox"/> Applicant 2 completed and attached <input type="checkbox"/> Other adults in the home completed and attached		Authorized agent will complete the court search and send results to DHS-DFS Licensing Unit.
Any new background checks required in the home? Must ensure any new adults living in the home or children who turned age 18 have background checks completed.		
Renewal Home Study (SFN 1941)		
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: 5px; width: fit-content;">Specify Home 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		
Provider Policy and Standards Review (SFN 1038)		
Training Documentation <input type="checkbox"/> Annual training inventory attached (minimum of 13 hours) <input type="checkbox"/> 2 hours of cultural, diversity, inclusion training <input type="checkbox"/> 1 hour fire safety training		
Direct deposit information: Do we need any updated banking information? **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>		
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		
Memorandum of Understanding (attach)		

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.*

Authorized Licensing Agent Worker Signature	Date
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**\*\*\*\*\* LICENSING AGENCY ONLY \*\*\*\*\***

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

**Distribution Copy:**

- Authorized Licensing Agent (if applicable)
- NDDHS CFS Licensing Unit -File