



Directions: When a licensing change occurs in a home, this checklist must be completed and signed by the authorized licensing agent. The assigned licensing specialist will confirm the checklist items have been completed by initialing the item box. The materials and checklist must be submitted by the authorized agent to the CFS Licensing Unit as soon as possible, but no later than 30 days of the change.

Foster Care Provider Name	Provider Number
Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Other: (List)	
Type of Licensing Change (Choose all that apply) <div> <input type="checkbox"/> A. Change in Address <input type="checkbox"/> E. Applicant Divorce, Separation or Death </div> <div> <input type="checkbox"/> B. Additional Applicant Moved into the Home <input type="checkbox"/> F. Transfer of License from Agency to Agency (Example: State to Nexus-PATH) </div> <div> <input type="checkbox"/> C. Additional Household Members Moved into the Home <input type="checkbox"/> G. Change in Level of Licensure </div> <div> <input type="checkbox"/> D. Applicant Name Change </div>	

****If you are seeking a bed capacity increase or decrease, email the CFS Licensing Unit at cfslicensing@nd.gov.**

Checklist Item Specific to Policy 622-05-20-10

A. CHANGE IN ADDRESS

- ☐ 1. Immediate notification of address change was provided via email to HHS - CFS Licensing Unit upon notice of the change to assist with minimizing mailing errors.

Date of Move	Date of Licensing Walk Through (within 7 days of the move)
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- ☐ 2. Application to Provide Family Foster Care (SFN 893)
- ☐ 3. Initial home study (SFN 889; Pages 1- A & B, 2-D, 15-17 and 22-23)
- ☐ 4. Licensing Packet Updates (SFN 1037-only page 1 demographics and Sections C and D). Including any changes to the emergency contacts, fire safety self declaration, etc.
- ☐ 5. Fire Escape Route of New Property
- ☐ 6. Fire extinguisher purchase/expiration verification, if needed

Comments:

B. ADDITIONAL APPLICANT MOVES INTO THE FOSTER HOME

- ☐ 1. Application to Provide Family Foster Care (SFN 893)
- ☐ 2. Initial home study (SFN 889)
- ☐ 3. Background check: CBCU memo and BCI results, including index check
- ☐ 4. Physical Exam Verification (SFN 974)
- ☐ 5. Provider Policy and Standards Review (SFN 1038)
- ☐ 6. Driver's License Copy
- ☐ 7. Pre-Service Training
- ☐ 8. New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider.

C. ADDITIONAL HOUSEHOLD MEMBERS MOVE INTO THE FOSTER HOME

- ☐ 1. Application to Provide Family Foster Care (SFN 893)
 - ☐ Detailed description of sleeping arrangements and bed capacity.
- ☐ 2. Adults Only: Required background check (CBCU memo and BCI results, including index check)
- ☐ 3. Copy of driver's license if the new household member will be providing transportation to children

Comments regarding changes to bed capacity:

D. APPLICANT NAME CHANGE

- ☐ 1. Application to Provide Family Foster Care (SFN 893)
- ☐ 2. Proof of name change (marriage certificate, court order, or driver's license)
- ☐ 3. New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider.

E. APPLICANT DIVORCE, SEPARATION OR DEATH

- ☐ 1. Application to Provide Family Foster Care (SFN 893)
- ☐ 2. Proof of name change, if applicable (divorce decree, court order, or driver's license)
- ☐ 3. If separation applies, a memorandum of understanding is required
- ☐ 4. Note: If a provider death occurs, give the surviving provider time to grieve before requesting new paperwork. HHS has up to 60 days to make the needed changes in the system.
- ☐ 5. If a new Provider number is required, review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider. If you have questions, contact cfslicensing@nd.gov

F. TRANSFER OF LICENSE FROM ONE AGENCY TO A DIFFERENT AGENCY - to be completed by the licensing specialist receiving the transfer. The receiving licensing specialist must obtain a Release of Information (SFN 1059) to obtain pertinent foster care provider licensing information from the sending agency.

- ☐ 1. Application to Provide Family Foster Care (SFN 893)
- ☐ 2. Provider Staffing: A discussion is required with the original licensing agency to review the provider's home study, strengths, challenges and concerns before the receiving agency completes the required transition home visit.
- ☐ 3. Review of the previous paperwork and identify areas where additional information is required to collect/assess at the home visit.
- ☐ 4. If transferring from Nexus PATH to State/Tribal, the provider shall complete the ND Provider Orientation (90 mins) before transfer can occur.
- ☐ 5. Date of on-site visit with family to assess for transfer: _____
- ☐ 6. Date of agreed upon transfer of the license from one agency to the other: _____
- ☐ 7. New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider. If transferring from Nexus PATH, we need the provider's personal banking information as CFS would only have Nexus PATH's banking information on file.

Explanation for agency change:

G. CHANGE IN LEVEL OF LICENSURE - *to be completed by the licensing specialist receiving the transfer.*

- ☐ Full to Relative:

☐ Application to Provide Family Foster Care (SFN 893)
 ☐ Identified Relative License (SFN 844)
- ☐ Full to Certified:

☐ Application to Provide Family Foster Care (SFN 893)
 ☐ New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider.
- ☐ Certified to Full:

☐ Application to Provide Family Foster Care (SFN 893)
 ☐ Physical Exam Verification Family Foster Homes (SFN 974)
 ☐ Full pre-service training (PRIDE or UNITY)
 ☐ MOU outlining timeframe to complete the pre-service training and having the physical exam completed.
 ☐ New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider.
- ☐ Certified to Relative:

☐ Application to Provide Family Foster Care (SFN 893)
 ☐ Identified Relative License (SFN 844)
 ☐ New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider.
- ☐ Relative to Full:

☐ Application to Provide Family Foster Care (SFN 893)
 ☐ Physical Exam Verification Family Foster Homes (SFN 974)
 ☐ Full pre-service training (PRIDE or UNITY)
 ☐ MOU outlining timeframe to complete the pre-service training and having the physical exam completed.
- ☐ Relative to Certified:

☐ Application to Provide Family Foster Care (SFN 893)
 ☐ New Provider Number Required. Review direct deposit information. CFS can pull over direct deposit info from the original provider number, if approved by the provider.

Explanation for change in level of licensure:

I hereby declare I have reviewed the change and collected all pertinent forms required to approve the foster family for licensing per 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 Signature	Date

Distribution Copy:

☐ Licensing Agency - Department