



**LICENSING CHANGE CHECKLIST-FAMILY FOSTER HOMES**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 863 (6-2022)

**Directions:** When a licensing change occurs in a home, this checklist must be completed and signed by the authorized licensing agent and the licensing agency (NDDHS). The assigned licensing specialist will confirm the checklist items have been completed by initialing the item box. The materials and checklist must be submitted to the CFS Licensing Unit within 30 days of the change.

Foster Care Provider Name		Provider Number
Authorized Licensing Agency <input type="checkbox"/> NDDHS <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Other: (List)		
Type of Licensing Change		
<input type="checkbox"/> A. Change in Address	<input type="checkbox"/> E. Applicant Divorce or Separation	
<input type="checkbox"/> B. Additional Applicant Moved into the Home	<input type="checkbox"/> F. Transfer of License from Agency to Agency (Example: NDDHS to Nexus-PATH)	
<input type="checkbox"/> C. Additional Household Members Moved into the Home	<input type="checkbox"/> G. Transfer of TFC Provider (Nexus-Path) Level Of Care	
<input type="checkbox"/> D. Applicant Name Change		

\*\*If you are seeking a bed capacity increase or decrease, email the CFS Licensing Unit at [cfslicensing@nd.gov](mailto: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 NDDHS 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 13-16 & 19)
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. Heating source (electric, gas, propane, or coal/wood). If inspection is required, verification is required every two years.
- Verification of last furnace inspection
  - Chimney inspection
  - Hot water boilers (apartment buildings separate from living spaces). If inspection is required, verification is required every three years.
  - Verification of last inspection
6. Fire extinguisher purchase/inspection verification, if needed

**B. ADDITIONAL APPLICANT MOVES INTO THE FOSTER HOME**

1. Application to Provide Family Foster Care (SFN 893 including new applicant references)
2. Initial home study (SFN 889)
3. Background check: CBCU memo and BCI results, including index check
4. Physical Exam Verification (SFN 974)
5. Declaration of Good Health (SFN 1037)
6. Driver's License Expiration
7. Pre-Service Training

**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. Declaration of Good Health (SFN 1037)
4. If household member is listed on safe/reliable transportation plan
- Driver's License is needed if transporting children

**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)

**E. APPLICANT DIVORCE OR SEPARATION**

- 1. Application to Provide Family Foster Care (SFN 893)
- 2. Proof of name change (divorce decree, court order, or driver's license)
- 3. If separation applies, a memorandum of understanding is required

**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 parent licensing file information from the sending file.**

- 1. Application to Provide Family Foster Care (SFN 893)
- 2. Initial home study (SFN 889 where applicable) discussing how the change in agency will fit with their family's needs/wants/desires.

**G. TRANSFER OF TFC PROVIDER (NEXUS-PATH) LEVEL OF CARE**

- 1. Detailed rationale of change in the level of care and what was done or needed internally to transfer from a TFC license to a Regular Nexus PATH license, etc.
- 2. Application to Provide Family Foster Care (SFN 893)

Comments

*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:

- Authorized Licensing Agent
- Licensing Agency - Department