STATEMENT OF CASE WORKER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE DIVISION
SFN 885 (10-2011)

Clear Fields

Child(ren)'s Name	Date of Birth
Child(ren)'s Name	Date of Birth

Name of person(s) with whom the child is to be placed			Date of Birth
Name of person(s) with whom the child is to be placed			Date of Birth
Physical Address of Placement Resource	City	State	ZIP Code
Mailing Address of Placement Resource	City	State	ZIP Code
Telephone Number	Other Contact Information		

☐ I have communicated directly with the potential placement resource.

☐ The potential placement resource is interested in being a placement resource for the child(ren) and is willing to cooperate with the ICPC process.

☐ The above-named has or will access financial resources to feed, clothe, and care for the child(ren), including child care.

☐ The above-named acknowledges that a finger-print based criminal records and history check will be completed on all adults living in the home.

Other Adults in the Home

Name of Adult	Date of Birth
Name of Adult	Date of Birth

Number and type of rooms in the proposed residence is sufficient to accommodate the child(ren) as follows:

Number of Bedrooms	Number of Adults Residing in Home	Number of Children Residing in Home (including the child(ren) to be placed)

Signature of Case Manager			Date
Printed Name	Title		
Address	City	State	ZIP Code
Agency	Telephone Number	Fax Number	