



**AFFIDAVIT OF COMPLIANCE WITH LICENSING
IN LIEU OF LICENSE FOR FOSTER CARE FOR CHILDREN**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOSTER CARE
SFN 890 (4-2024)

Initial Annual Onsite

Provider Number

Current Approval Expiration

Each Tribal Nation must submit documentation to the HHS Children and Family Services Licensing Unit annually. A Tribal affidavit home approval may not exceed an approval timeframe of 24 months. For renewals, all documentation must be received no later than 15 days prior to expiration to ensure there is not a lapse in the licensing/approval status.

Name of Affiant Deposed and Stating that S/He is Duly Appointed and the Acting Agent			
Name of Agency or Tribal Council Having Authority to License a Home to Provide Foster Care for Children			
Name of Federal Indian Reservation with Jurisdiction			
Name of Care Providers	Telephone Number	County	
Physical Address	City	State	ZIP Code

I, the affiant, attest that through the home study assessment of safety, findings thereof show that the foster home referred to above is in compliance with the requirements stated in the Intergovernmental State Tribal Title IV-E Agreement inclusive of licensing state law, rule and policy in that:

1. The persons in active charge of the home are properly qualified to carry on efficiently the parental supervision and care duties that may be required of them;
2. The home is in accordance with due regard to the health, safety, and well-being of all children cared for therein;
3. The home is maintained according to applicable standards set forth by North Dakota Department of Health and Human Services, NDCC Chapter 50-11, ND Administrative Code Chapter 75-03-14 and ND Policy Chapter 622-05.
4. Initial approval requires: A fingerprint-based criminal background check, as described in law, rule and policy, was conducted on all adults living in the home. Each completed background check is attached to this document.
5. Annually: Child abuse and neglect index check must be completed by the Tribal Nation CPS office. A public search (both State and Tribal Courts) must be completed and the SFN 433 signed for a CAN index check to be completed by HHS-Children and Family Services.

Name of Affiant (Agency/Tribal Council)
Subscribed and Sworn to Before Me on this Date
Superintendent Tribal Chairman or Authorized Person

HHS-CFS Licensing Unit Use Only

This approval to provide foster care for children is
Date Effective: _____ Date Expires: _____

- Application (SFN 893)
- Criminal Background Check results attached for initial approval and/or any new household members
- Annual Child Abuse/Neglect Index Check Results (Tribal and State)
- Annual Court Search Results (Tribal and State)
- Licensing Checklist (SFN 850 or SFN 851) - recommended, but not required