



INITIAL APPLICATION TO PROVIDE FAMILY FOSTER CARE FOR CHILDREN
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FOSTER CARE DIVISION
 SFN 893 (10-2019)

I. IMPORTANT INFORMATION

We ask that you begin the licensing process by completing the SFN 893 application so that we might better understand you, your home, your situation, and your interests. The application process including home visits and interviews is designed not only to determine if you meet minimum licensing requirements, but also to provide information that will be useful in making future placement decisions. The following steps must be completed and documentation must be received by the licensing agent in order for your application to be considered complete and received:

- Step One: Fingerprint Based Background Check (SFN 829, 60688, 836 electronic processing).
 Step Two: This Application (SFN 893).

The Department of Human Services has sixty days from the date of completion of these steps in which to make a decision on your application. Upon notice to you, the Department may take an additional forty-five days in which to make its decision. Due to the time limits, you may be contacted regarding interviews and home visits before the steps of the application have been completed.

II. IDENTIFYING INFORMATION

APPLICANT #1

Full Name		Date of Birth	
Home Telephone Number	Cell Phone Number	Work Telephone Number	
Email Address		Occupation/Employment	
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other (specify): <input type="checkbox"/> Native American <input type="checkbox"/> Asian		Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-Married <input type="checkbox"/> Partner/Live-In			

APPLICANT #2

Full Name		Date of Birth	
Home Telephone Number	Cell Phone Number	Work Telephone Number	
Email Address		Occupation/Employment	
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other (specify): <input type="checkbox"/> Native American <input type="checkbox"/> Asian		Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-Married <input type="checkbox"/> Partner/Live-In			

APPLICANT ADDRESS

Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code

Persons living in the household other than foster children and applicant(s).

Household Members	Full Name	Relationship to Applicant	Gender	Birthdate	Occupation/Employment
Other Adults living in the home <i>List all over the age of 18 years old.</i>					
Children living in the home <i>Do not include foster children on this list.</i>					

III. PRIOR CHILD CARE EXPERIENCE (Foster Care, Early Childhood Care, etc.)

A. Has applicant held a license to provide foster care, early childhood care, etc. in or outside of North Dakota?
 Yes No *If yes, applicant must provide complete information about all child care licensure experience and sign release of information allowing agency to access information.)*

Name(s) on License	Agency
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Contact Person	Telephone Number
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Address	City	State	ZIP Code
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License Dates: From: _____ To: _____	Ages: From: _____ To: _____
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Licensure Types <input type="checkbox"/> Foster Care <input type="checkbox"/> Early Childhood Care <input type="checkbox"/> Other	Sex of Children <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
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Name(s) on License	Agency
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Contact Person	Telephone Number
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Address	City	State	ZIP Code
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License Dates: From: _____ To: _____	Ages: From: _____ To: _____
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Licensure Types <input type="checkbox"/> Foster Care <input type="checkbox"/> Early Childhood Care <input type="checkbox"/> Other	Sex of Children <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
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B. Has applicant ever received a notice of correction, revocation, or denial of a license to provide foster care, or other type of child care?
 Yes No *(If Yes, provide name of agency, contact person, dates, and details in addition to a signed release of information.)*

III. PRIOR CHILD CARE EXPERIENCE (Foster Care, Early Childhood Care, etc.) (continued)

C. Has applicant been employed in any capacity at a group home, residential treatment facility, early childhood care group or center?

Yes No

(If Yes, provide facility name, dates, contact person, reason for termination of employment, and other pertinent information.)

D. Has applicant provided any other child care (except for own children) in any capacity, either licensed or unlicensed?

Yes No Explain:

IV. HISTORY

a. List all crimes with which applicant has been charged in the past ten years, along with the disposition of the charges:

b. List all criminal convictions where any jail or prison time was included in the sentence, **or** where the crime charged involved a physical assault of any kind or the threat of any physical assault. (Physical assault is defined as a touching of the person without the consent of the person touched):

c. If applicant(s) has ever had a service required decision, or a probable cause determination indicating that applicant(s) has abused or neglected a child, explain circumstances, date, location and resolution of situation.

d. If applicant has ever been a perpetrator of a sexual offense, explain circumstances.

V. REFERENCES

Name three people **not related** to you who know you well and are likely to respond promptly to the agency's inquiry.

Name	Mailing Address	Telephone Number	Email	How do you know them?

VI. FACTS ABOUT THE CHILDREN YOU WOULD LIKE TO CARE FOR IN YOUR HOME

All homes will be licensed for ages 0-20. Please indicate your preferences or if the license will be child specific.

Gender Preference <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	Age Preference	Number of Children
In addition to long-term foster care, are you willing to provide: <input type="checkbox"/> Emergency Short-Term Foster Care <input type="checkbox"/> On-going Foster Care <input type="checkbox"/> Respite Care		
If Child Specific, Detail Demographics of the Child (age, name, gender)		
Comments		

VII. CERTIFICATION

<p>a. We/I hereby make application to the North Dakota Department of Human Services for a license to provide Family Foster Care. In making this application, we/I state that we/I:</p> <p>b. Have read and have a copy of the North Dakota Administrative Code 75-03-14, the rules for Family Foster Care Homes, and will comply with them.</p> <p>c. Certify that all the above information is true to the best of my knowledge and we/I grant permission for this information to be verified with the appropriate persons or agencies. (License to provide Family Foster Care may be revoked in accordance with NDCC 50-11 if issued upon fraudulent or untrue representation.)</p>	
Applicant Signature	Date
Applicant Signature	Date

**** Following sections to be completed by licensing worker ****

VIII. AUTHORIZED LICENSING AGENT

Name of Authorized Licensing Agent/Agency	Name of Worker	
Email Address	Telephone Number	

IX. APPLICATION

<input type="checkbox"/> Accepted - proceed to home study <input type="checkbox"/> Denied - letter has been sent to applicant(s) detailing reason for denial

Signature of Authorized Agent Worker	Date
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