ANNUAL LICENSING APPLICATION
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 898 (11-2024)

Clear Fields

☐ One Year License
☐ Two Year License

Name of QRTP			Licensed Provider Number		
Facility Address			Business Office Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number	Fax Number		Telephone Number	Fax Number	
Email Address			Email Address		
Administrator			Contact Person	Title	
Current Bed Capacity	Ages From: To:		Number of Males	Number of Females	Total
Proposed Bed Capacity	Ages From: To:		Number of Males	Number of Females	Total

Attach a copy of the following:

1. National Accreditation:

INDICATE NATIONAL ACCREDITATION/DATES:

JCAHO		COA		OTHER	
Dates: (From)	(To)	Dates: (From)	(To)	Dates: (From)	(To)

We request the Department of Health and Human Services to inspect/conduct a licensing study to verify compliance with licensing requirements.

2. Names and address of members of governing body.
3. Written policy changes since last licensing review.
4. Facility strategic plan. Most recent 4-week direct care employee schedule.
5. General comprehensive liability insurance coverage.

Date HHS QRTP License Expires

Carrier	Policy Number	Term

6. Vehicular liability insurance:

Carrier	Policy Number	Term

7. Inspection reports:
   ☐ Fire ☐ Heating System ☐ Food and Beverage Inspection
   ☐ Other (specify):_____
8. Annual C/AN employee checks and new employee Criminal Background Checks.
9. Completed Policy Checklists: Administration, Personnel, Programs and Services, Buildings and Grounds.
10. Attach any other documentation related to your facility which is required by NDCC Chapter. 50-11 or North Dakota Administrative Code Chapter 75-03-40.

Certification

I hereby certify:

A. I have read and have a copy of the North Dakota Administrative Code, Chapter 75-03-40, "Licensing of Qualified Residential Treatment Program Providers", North Dakota Administrative Code, Chapter 75-03-15, "Rate setting for Providers of Services to Foster Children Qualified Residential Treatment Programs", and NDCC.

B. That the information contained in this application is true to the best of my knowledge and I grant permission for this information to be verified with the appropriate persons or agencies.

C. That this facility, in accordance with Federal Executive Order #12549, is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participating in covered transactions. A covered transaction means a contract, oral or written agreement, grant, or any other arrangement where a contractor receives federal money from the State or other agency.

Agency Signature	Title	Date
Notary Signature	Stamp	Date

Facility Name	Licensed Provider Number

Briefly describe any changes since the last licensing review or future plans for change to your facility programming or building structure.

Does your facility offer Respite (ND Administrative Code 75-03-40-32)?

- ☐ Yes - Attach copy of policies and procedures specific to your Respite program
- ☐ No

Explain in detail the reason the facility is requesting the change/s:

Explain the facility plan to accommodate the requested change/s:

Licensing Review Period From: To:	Facility Name

Employees and non-employees: Include all those working **directly** and **indirectly** with residents within the dates of the Licensing Review Period.

LAST NAME, FIRST ** List in alphabetical order by last name	BIRTHDATE	DEGREE AND FIELD	PROFESSIONAL LICENSURE STATUS	POSITION (See 75-03-40-22)	INDICATE IF FT OR PT (PT-LIST HRS/WK)	DATE OF HIRE	DATE OF TERMIN-ATION	APPROVAL DATE OF FINGERPRINT BASED CRIMINAL BACKGROUND CHECK	DATE OF ANNUAL C/AN (SFN 433)

(Attach additional sheets as needed)

State Office Use Only:

Employee List C/AN (annual) and CB Checks (once upon hire) Verified in Licensing File By (Signature)

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Contracted Service Providers: Include any contracted Service provider who comes onsite to the facility to engage with residents. ND Administrative Code (75-03-40-20)

CONTRACTED SERVICE	PROVIDER'S NAME	ND LICENSE OR CERTIFICATE	START DATE	END DATE