



FOSTER CARE LICENSING REFERENCE CHECK

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FOSTER CARE DIVISION

SFN 902 (5-2022)

Instructions:

This form is used by the authorized licensing agent to discuss the applicant's interest, willingness, and abilities to provide foster care to children in their home. Please provide three people with at least two of the individuals not related to you, unless other approved by the department. References are asked to be familiar with the applicant/s and to respond promptly to the agency's inquiry.

Prospective Foster Parent Name

REFERENCE #1

| | | | |
|---|---------------|------------------|----------|
| Name | Email Address | Telephone Number | |
| Mailing Address | City | State | ZIP Code |
| Relationship to the Prospective Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify): | | | |

REFERENCE #2

| | | | |
|---|---------------|------------------|----------|
| Name | Email Address | Telephone Number | |
| Mailing Address | City | State | ZIP Code |
| Relationship to the Prospective Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify): | | | |

REFERENCE #3

| | | | |
|---|---------------|------------------|----------|
| Name | Email Address | Telephone Number | |
| Mailing Address | City | State | ZIP Code |
| Relationship to the Prospective Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify): | | | |

Authorized Licensing Agency Use Only:

Comments