



AGREEMENT TO FURNISH SHELTER CARE
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 928 (11-2017)

This agreement is entered between the North Dakota Department of Human Services and:

Licensed Foster Care Provider (Provider)		Provider Number
Date License Effective	Date License Expires	

This agreement is in addition to the family foster care license issued by the Department. Shelter care service will begin on the date specified below and will terminate at the time family foster is discontinued, or on the termination date specified below, whichever is earliest.

Date Shelter Care Service Begins	Date Shelter Care Service Terminates
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Provider agrees to provide specialized family foster care services, which includes assisting the foster child in personal and social adjustment needs. In addition, Provider, upon request of Department, shall attend basic and specialized foster care training, shall participate in permanency planning committee meetings and other agency staffing pertaining to the child and shall participate in the treatment plan of the foster child and family.

Department shall reimburse the Provider:

- Daily Rate:** The total amount of reimbursement per child under this shelter care agreement may not exceed **\$35.00** per day while the child is in placement. Not to exceed 96 hours (4 days).
- Retainer For Bed Hold** as specified below or pro rata share for partial months to hold a bed in the event an emergency shelter care placement is needed. The pro rata share is calculated by dividing the monthly amount by 30, and then multiplying the product by the number of days the service was rendered. ****The daily rate will be paid in addition to the retainer total only if a child is placed in your home during the bed hold period.**

Amount	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
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Provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by Department or its designated representatives.

It is further agreed that this agreement does not constitute an employer/employee relationship between Department and Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

Comments

Signature Section:

Regional Human Service Center Representative	Date
Provider's Signature	Date
Provider's Signature	Date

Cc: NDDHS Children & Family Services for payment purposes