



SHELTER CARE PLACEMENT CLAIM
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 931 (5-2022)

Shelter care is a temporary safe bed offering a short-term stable placement for a child until present danger is remedied or a shelter care hearing is held. The intent of offering and providing shelter care as a “safe bed” for a few days is not only a diversion from foster care but is known to reduce trauma to children and increase support for families. The Human Service Zone case manager/worker shall submit to the CFS Licensing unit at cfslicensing@nd.gov. Children and Family Services will reimburse the shelter care rate to an eligible provider as determined by policy.

PROVIDER DEMOGRAPHICS

Licensing Agency
 NDDHS Nexus PATH Tribal Nation Other (specify):

Provider Name	Shelter Agreement (SFN 928) on File <input type="checkbox"/> Yes <input type="checkbox"/> No	On-Call Shelter Care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No
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BED CAPACITY WAIVER FOR SHELTER CARE EPISODE

Date License Effective	Date License Expires	Current Licensed Bed Capacity	Shelter Care Bed Capacity
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This claim is a supplement to the signed shelter care agreement. The claim will be kept on file as an amendment to the license in the event the number of beds when providing shelter care exceeds the number on the license. This claim form provides a temporary bed capacity waiver, not to exceed 7 days. Bed Capacity may not exceed placement of six children in foster care.

HUMAN SERVICE ZONE PROGRAM

Specify the agency program in which the child is involved

Child Protective Services (CPS) In-Home

If the child is in foster care, placement changes must occur in FRAME.

Agency Name	Agency On-Call Telephone Number
Agency Case Manager/Worker Name	Agency Case Manager/Worker Telephone Number

EMERGENCY CONTACT N/A refer to agency information above

Name	Telephone Number		
Relationship to the Child/ren <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Other (specify):			
Primary Caregiver Physical Address	City	State	ZIP Code

SHELTER CARE PLACEMENT DETAILS

Maximum 7 calendar days

Child Name	Date of Birth	Age	Entry Date	Exit Date	Other Eligible Expenses (must submit actual expenses for licensed daycare costs, clothing, and excess mileage)

SIGNATURE SECTION <i>By signing this claim I attest that the shelter care occurred on the dates noted above.</i>	
Provider Signature	Date
Case Manager/Worker Signature	Date

NDDHS REIMBURSEMENT <i>CFS Licensing Unit Office Use Only</i>				
<input type="checkbox"/> Approved: Issue Reimbursement				
<input type="checkbox"/> Denied: Notify Case Management				
On-Call Retainer Rate	Daily Rate	Daycare Amount	Additional Cost	Total

Routing:

- Child's File CFS Licensing File (Bed Capacity Waiver Only)