



SHELTER CARE PLACEMENT CLAIM
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 931 (10-2024)

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 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 <input type="checkbox"/> HHS <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify):		
Provider Name		
BED CAPACITY WAIVER FOR SHELTER CARE EPISODE		
Current Licensed Bed Capacity	Shelter Care Bed Capacity	Temporary License Amendment Needs
This claim is a supplement to the signed shelter care agreement (SFN 928). 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. Bed capacity may not exceed placement of six children in either ongoing foster care, or placed as a prevention, unless otherwise approved by the department.		

HUMAN SERVICE ZONE PROGRAM	
<i>Specify the agency program in which the child is involved</i>	
<input type="checkbox"/> Child Protective Services (CPS) <input type="checkbox"/> In-Home	
If the child entered foster during the shelter episode, placement changes must occur in FRAME. The date of foster care entry cannot be claimed on the Shelter Care Placement Claim (SFN 931).	
Was a temporary custody order (TCO) obtained? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date TCO Obtained:	
Agency Name	Agency On-Call Telephone Number
Agency Case Worker Name	Agency Case Worker Telephone Number

EMERGENCY CONTACT <input type="checkbox"/> 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
May not exceed 7 calendar days, unless otherwise approved by the department, not to exceed 14 days.

Child Name	Date of Birth	Age	Entry Date	Exit Date	Eligible Expenses (must be pre-approved and submit actual expenses for licensed daycare, clothing and excess mileage to/from child's school)

SIGNATURE SECTION
By signing this claim I attest that the shelter care occurred on the dates noted above.

Provider Signature	Date
Case Worker Signature	Date

HHS REIMBURSEMENT
CFS Licensing Unit Office Use Only

☐ Approved: Issue Reimbursement

☐ Denied: Notify Case Management

Daily Rate	Daycare Amount	Additional Cost	Total
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Routing:
☐ Child's File ☐ CFS