APPLICATION TO PROVIDE ADULT FOSTER CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES
SFN 1013 (Rev. 3-2017)

Clear Fields

The application process for Adult Foster Care includes home visits and interviews designed to determine whether applicants meet minimum licensing requirements.

	NAME	RELATIONSHIP	DATE OF BIRTH
APPLICANT			
APPLICANT			
OTHER PERSONS LIVING IN THE HOME			
Address - Street:		Telephone Number:	
City:		County:	Zip Code:

REFERENCES: PROVIDE THREE REFERENCES UNRELATED TO YOUR FAMILY WHO WE MAY CONTACT ABOUT YOUR APPLICATION. (REQUIRED FOR INITIAL APPLICATION).

	NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
1						
2						
3						

Have you previously applied for an AFC License? ☐ Yes ☐ No
If yes, list the county and state where the application was made.
Was the application approved? ☐ Yes ☐ No

I have read the rules and regulations governing Adult Foster Care and agree to abide by them. As stated in the regulations, I understand and agree that I must be the owner or lessee and reside continuously in the home where adult foster care is provided.

Signature of Applicant:	Date:
Signature of Applicant:	Date:

APPLICANT 1		APPLICANT 2	
Name Preferred:	Maiden Name:	Name Preferred:	Maiden Name:
CURRENT MARRIAGE	PRIOR MARRIAGE	CURRENT MARRIAGE	PRIOR MARRIAGE
Name of Spouse:	Name of Former Spouse:	Name of Spouse:	Name of Former Spouse:
Length of Marriage:	Length of Marriage: (Give Dates)	Length of Marriage:	Length of Marriage: (Give Dates)
Religious Preference:		Religious Preference:	
Describe the role, if any, religion plays in your life. Would you have a concern caring for someone with differing religious beliefs?		Describe the role, if any, religion plays in your life. Would you have a concern caring for someone with differing religious beliefs?	
Ethnic Origin:		Ethnic Origin:	
Languages Other than English:		Languages Other than English:	
Highest Level of Education Achieved: ☐ Less than High School ☐ Some College ☐ High School Diploma ☐ College Degree (Specify) ☐ GED _____		Highest Level of Education Achieved: ☐ Less than High School ☐ Some College ☐ High School Diploma ☐ College Degree (Specify) ☐ GED _____	
Please list significant employment, work experience and current work schedules.		Please list significant employment, work experience and current work schedules.	
Special activities, hobbies, interests or experience with any agencies, organizations or groups.		Special activities, hobbies, interests or experience with any agencies, organizations or groups.	
Explain any special training or history of caregiving/understanding of care to person with disabilities such as cognitive and physical impairments.		Explain any special training or history of caregiving/understanding of care to person with disabilities such as cognitive and physical impairments.	

APPLICANT 1	APPLICANT 2
Physical Problems:	Physical Problems:
Emotional Problems:	Emotional Problems:
Alcohol and other drug use/abuse:	Alcohol and other drug use/abuse:
Have you ever been verbally, emotionally or physically abused or experience any other type of abuse? ☐ Yes ☐ No If yes, please explain.	Have you ever been verbally, emotionally or physically abused or experience any other type of abuse? ☐ Yes ☐ No If yes, please explain.
What is your past and current relationship with your parents, siblings, spouses and children?	What is your past and current relationship with your parents, siblings, spouses and children?
Describe your personality and how you communicate your feelings. What are your strengths and weaknesses?	Describe your personality and how you communicate your feelings. What are your strengths and weaknesses?
Describe how you show warmth and feelings of affection toward others.	Describe how you show warmth and feelings of affection toward others.

APPLICANT 1	APPLICANT 2
What "stresses you out" and how do you handle stress?	What "stresses you out" and how do you handle stress?
With whom do you talk? Who provides you with support?	With whom do you talk? Who provides you with support?
What type of losses have you experienced?	What type of losses have you experienced?
You may be working with persons with different behaviors, characteristics or values. Describe your ability to understand the behaviors.	You may be working with persons with different behaviors, characteristics or values. Describe your ability to understand the behaviors.
Describe any behavior that you could not tolerate in your home.	Describe any behavior that you could not tolerate in your home.
Describe any physical impairment you could not handle in your home.	Describe any physical impairment you could not handle in your home.
Who do you plan to use for your respite providers/substitute caregivers?	