



FOSTER CARE LICENSING AMENDMENT REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 1017 (3-2025)

Instructions: This form is required to be submitted to the CFS Licensing Unit (cfslicensing@nd.gov) by external partners such as a custodial agency worker or an authorized licensing agency representative in order for a family foster care provider to receive an amendment to the license or certification.

Placements made without CFS Licensing Unit approval, may result in custodial reimbursement to the foster care provider. A case worker seeking provider reimbursement for respite must follow the respite policy and complete the SFN 929.

REQUESTING AGENCY INFORMATION

Agency	Agency Worker Name
Agency Worker Email Address	Agency Worker Telephone Number

☐ **Placement was needed during typical work hours (M-F 8:00am – 5:00pm).**

I spoke with the CFS Licensing Unit staff member specified below to gain verbal approval to place additional children in the foster home. This form is for the licensing file.

CFS Licensing Unit Staff Member

Date

☐ **Placement was needed outside of typical work hours (Evenings or Weekends).**

I am seeking approval after placing a child/ren into the foster care provider home. The license is in need of an amendment. I have one working day to submit the request to the CFS Licensing Unit. If this form is received after the one working day timeframe, CFS Licensing Unit cannot backdate to the date of placement to allow for the amendment. Failure to submit amendment requests timely will result in the Zone budget covering placement costs.

Date Child was Placed

PROVIDER AND PLACEMENT INFORMATION

Bed capacity is a primary concern for an amendment request. However, each provider home is structured differently. We may need to consider other licensing amendments such as age and gender of children served in the home. Please discuss with the licensing specialist.

Provider Name	
Current Bed Capacity _____ Beds	Amended Bed Capacity _____ Beds
Length of Amendment	
<input type="checkbox"/> Temporary Increase	
<input type="checkbox"/> Long-term Increase, No End Date Identified	
Start Date of Increase	End Date of Increase

Children you are wanting to add to the home

	Initials	Age	Gender		Initials	Age	Gender
Child 1				Child 3			
Child 2				Child 4			

Agency Worker Assessment

Below is a list of important factors to review when considering the addition of a child/ren into a foster care provider home. Custodial agency workers must assess the capacity of the home based on these indicators. A final decision regarding the amendment will be made by the CFS Licensing Unit.

<ul style="list-style-type: none">• # of household members• # of children living in the home• # of bedrooms• # of individuals in bedrooms• Bed Space (permanent vs. temporary)	<ul style="list-style-type: none">• Ages of the children• Genders of the children• Safety planning needs• Child vulnerability factors• Aggressive or destructive behaviors	<ul style="list-style-type: none">• Medical, behavioral and mental health needs of the child/ren• Transportation needs• Child care needs
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Provide a brief overview of the agency's assessment of the home for the amendment: Explain in detail the need for increased bed capacity and specify who is entering the home, when the placement needs to occur, where the children will be sleeping what needs, safety planning or transportation planning needs to occur, etc.

After review of the circumstances, knowledge and communication with the provider and assessment for safety, I attest:	
<input type="checkbox"/> I believe the provider can manage the increase of beds without undue risk to any children in placement.	
<input type="checkbox"/> The provider is aware of this request and is in agreement to accept placement.	
<input type="checkbox"/> I reviewed if other placements were in the home and it is best practice to inform the other custodial agencies involved.	
<input type="checkbox"/> I reviewed the need for safety plans related to the children in placement.	
<input type="checkbox"/> I reviewed the provider's available bed space, and their accommodations do meet minimum licensing expectations.	
Each child has their own bed, genders over age 6 are not sleeping in the same room, and bed space is appropriate for child's age and gender and does meet the permanent vs. temporary definitions noted in 622-05-25-05. Permanent beds include twin, full, queen, king, bunk beds, crib, bassinet, pack n' play or toddler bed set up and ready for use. Temporary bed space includes an air mattress, trundle bed, hide-a-bed, futon or couch to be used no greater than 14 days.	
Agency worker Signature	Date

CFS LICENSING UNIT ONLY:

Licensing Request		Amendment Staffing	
<input type="checkbox"/> Request Denied		<input type="checkbox"/> Staffing with worker was held	
<input type="checkbox"/> Request Approved		<input type="checkbox"/> No further information was needed in a staffing	
Date Effective	CFS amended the license to read		
CFS Licensing Unit Comments			
CFS Licensing Unit Employee Signature		Date	