Clear Fields

NORTH Dakota
Be Legendary.™

LICENSE TO PROVIDE ADULT FOSTER CARE

DEPARTMENT OF HUMAN SERVICES
SFN 1020 (5-2019)

This is to certify that a license be granted to:

Name of Licensee:		
Location:	County:	State: North Dakota
License to provide adult foster care to a maximum number of adults:		
Number of Adults: Number of Men: Number of Women: Number of Either:		
Special Conditions		
This license is issued for the period:		
From: To:		

Pursuant to the provisions of the North Dakota Century Code and the rules and regulations of the North Dakota Department of Human Services. It is subject to revocation for cause by the North Dakota Department of Human Services.

Dated this _____ day of _____, 20_____.

[Affix Official Seal Here]

_____
Aging Services Division Designee