

LICENSE TO PROVIDE ADULT FOSTER CARE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SFN 1020 (3-2023)

This is to certify that a license be granted to:

Name of Licensee:

Location:

County:

State:

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 Department of Health and Human Services. It is subject to revocation for cause by the Department of Health and Human Services.

[Affix Official Seal Here]

Dated this _____ day of _____, 20_____.

Aging Services Designee