



LICENSING PACKET - FOSTER CARE FOR CHILDREN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOSTER CARE

SFN 1037 (3-2025)

☐ Initial Licensure

☐ Renewal Licensure

INSTRUCTIONS: Applicants seeking to obtain or renew a license to provide foster care for children must review and complete this packet in efforts to finalize documentation for the home study. The CFS Licensing Unit or authorized licensing agent will review this packet with you and answer any questions you have when visiting your home.

Disclosure: Release of information for the purposes of an open records request applies to foster care provider licensing files. The entire foster care licensing file is not exempt from sharing; however, financial information is an exception listed in NDCC 44-04-18.4 meaning if a licensing file was requested as open record, this entire licensing packet (SFN 1037) will not be shared.

DEMOGRAPHICS

Applicant A	Applicant B
Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify):	

SECTION A - APPLICANT CHECKLIST

Below is the checklist of items needed to complete licensure.

- ☐ SFN 1037, Licensing Packet.
- ☐ SFN 1038, Policy & Standard Review
- ☐ A copy of the driver's license for each foster care provider and any other household members that may be transporting children.
- ☐ Well Water Test Results (if applicable)
- ☐ Pet Vaccines (if applicable)
- ☐ Receipts for each serviced or purchased 2A:10BC fire extinguisher

Initial Licensure

- ☐ Direct deposit information – voided check
 - * At renewal if your banking information has changed, a new copy is required.
 - * Not required for Nexus PATH homes
- ☐ SFN 1974, Electronic Communication with HHS employees (State homes only)
- ☐ SFN 974, Physical Exam. Begin this process by either scheduling an appointment or by asking your medical professional to complete the form if a physical was completed in the 12 months. (Not required for relative waiver or certification.)
- ☐ Fire escape route drawing showing exits for each floor of your home
 - Required at initial and if there are changes to the home or a move throughout the time you are licensed or certified.
 - If you have a main floor, basement, and upstairs, you will need to have three fire escape routes/maps showing exits for each floor. It is also helpful to highlight which rooms children are sleeping in. Indoor and outdoor meeting places should be noted on the map.

Comments/Questions you have for the licensing specialist:

SECTION B - TRAINING TRANSCRIPT - APPLICANT A

Initial and ongoing training is required. Each applicant on the license is required to complete at least 16 hours of training for full licensure and 8 hours of training for certified or relative each renewal period (2 years). Each applicant is required to maintain proof of training hours and can access training through any approved training provider. If foster care providers are seeking training from a non-approved trainer, submit a request in writing to the CFS Licensing Unit for **prior** approval.

Initial Only:

☐ We/I are currently finishing PRIDE or UNITY training

☐ We/I completed PRIDE or UNITY training

Fire Safety Training can be found and completed online at UND CFSTC website <https://und.edu/cfstc/> under the Foster Care Provider Education and Resource tab. Each applicant must complete the training, sign and date the certificate.

Name of Applicant A

☐ Not applicable – see attached transcript

Date	Topic, Title and Description	Hours	Verified by HHS
	Required: Fire Safety		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total Hours			

Comments

SECTION B - TRAINING TRANSCRIPT - APPLICANT B

Initial and ongoing training is required. Each applicant on the license is required to complete at least 16 hours of training for full licensure and 8 hours of training for certified or relative each renewal period (2 years). Each applicant is required to maintain proof of training hours and can access training through any approved training provider. If foster care providers are seeking training from a non-approved trainer, submit a request in writing to the CFS Licensing Unit for **prior** approval.

Initial Only:

☐ We/I are currently finishing PRIDE or UNITY training

☐ We/I completed PRIDE or UNITY training

Fire Safety Training can be found and completed online at UND CFSTC website <https://und.edu/cfstc/> under the Foster Care Provider Education and Resource tab. Each applicant must complete the training, sign and date the certificate.

Name of Applicant B

☐ Not applicable – see attached transcript

Date	Topic, Title and Description	Hours	Verified by HHS
	Required: Fire Safety		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total Hours			

Comments

SECTION C - FIRE SAFETY SELF DECLARATION

Directions: This checklist must be completed and signed by each foster care provider during initial licensure and each renewal licensing period. The licensor will confirm the information when completing the on-site home visit by walking through your home and reviewing each item on the form. If your home complies, place an "X" in the Applicant Verified box; if it does not comply, make corrections to bring the home into compliance. If the item does not apply to your home, mark "NA". It is recommended that you wait until all deficiencies are corrected before scheduling the home study and reviewing the form with the licensor.

Checklist Item	Applicant Verified	Licensor Verified	NA	Notes
1 Sleeping Exits: Each sleeping room has two methods of escape (door and egress window). The egress must be operational (windows able to open) and cannot be less than 24 inches H x 20 inches W.				
2 Basement Exits: Basement has two methods of escape, one of which leads directly to the outside.				
3 Upstairs Exits. A home with an upstairs more than four feet from the ground must have multiple exit options. A window ladder is recommended to assist occupants of the home in exiting from an upstairs window if warranted.				
4 Doors/Locks:				
<ul style="list-style-type: none"> Interior doors (inclusive of bedrooms, bathrooms and closets) when locked, must allow for entry from the outside in an emergency and prevent a child from being trapped inside the room. 				
<ul style="list-style-type: none"> Exterior doors are maintained to permit easy exit. 				
5 Electrical Safety				
<ul style="list-style-type: none"> Area around (30in wide and 36in in front) the electrical panel box is clear and unobstructed. 				
<ul style="list-style-type: none"> Extension cords shall not be used for permanent wiring. 				
<ul style="list-style-type: none"> Space heaters and electric fireplaces when used will be maintained in proper operating condition and in accordance with manufacturer's instructions. 				
<ul style="list-style-type: none"> Electrical equipment and covers shall be maintained to prevent fire and safety hazards. Meaning no exposed live wires or electrical junctions present. 				
6 Clear and Unobstructed Living Space. Home is maintained with clear and unobstructed walkways, stairwells, and exits.				
7 Heating Systems. Heating equipment, chimneys, and/or boilers are maintained in proper operating condition and in accordance with manufacturers instructions.				
<ul style="list-style-type: none"> Combustibles and/or flammables are kept at least 36" away from the furnace, water heater, etc. to reduce likelihood of accidental ignition. 				
8 Smoke Alarms. Smoke alarms are in every room used for sleeping, located outside of each sleeping area <u>and</u> on each floor level.				
<ul style="list-style-type: none"> Smoke alarms are tested quarterly. Smoke alarms with alkaline batteries will be replaced as needed, but at least annually. Smoke alarms with 10 year lithium batteries will be replaced as needed, but at least every 10 years. 				
Number of Smoke Alarms in the Home =				

By initialing this line, I verify that I have tested all smoke alarms and changed batteries as defined by ND fire code.
 _____ As an applicant seeking a North Dakota license to provide foster care for children, I attest that all alarms are in working order.

Checklist Item		Applicant Verified	Licenser Verified	Notes
9	Carbon Monoxide Alarms. If the home does not have a known source of carbon monoxide an alarm is not required. If the home has a possible source for carbon monoxide via an attached garage, gas furnace, or gas appliances, the home must have one carbon monoxide detector/alarm on each floor. It is recommended one be near the source of possible CO2 and outside bedroom spaces. NOTE: Combo (cm/smoke) units are allowable.			
Number of Carbon Monoxide Alarms in the Home =		Date of Expiration		
10	Fire Extinguishers. 2A-10BC rated or higher extinguishers are accessible and maintained in accordance with manufacturer instructions. One fire extinguisher must be located on each level of the home; kitchen and laundry being priority areas. Fire extinguishers must be serviced annually or replaced upon expiration as noted by the manufacturer. If not serviceable, replacement of the extinguisher in accordance with manufacturer instruction and expiration date is required. If the unit is not serviceable, and there is not a noted expiration date, then fire extinguishers must be replaced every 3 years.			
Number of Fire Extinguishers in the Home =		Date of Last Service/Expiration/Purchase (Receipts required)		
11	Emergency Evacuation Plan/Drills (Fire Escape Plan). Emergency evacuation plan and emergency numbers are maintained and posted.			
<input type="checkbox"/> I have provided a copy of our evacuation plan detailing exits and escape routes upon initial licensure and/or when changes to the plan occur. <input type="checkbox"/> I verify that I have reviewed the evacuation plan with all household members. <input type="checkbox"/> I verify that we will review the plan with all new placements and all household members quarter. <input type="checkbox"/> I verify the emergency evacuation plan is posted in the home.				

SIGNATURES: BOTH APPLICANTS MUST SIGN

I/we hereby declare that we have conducted the foregoing checklist of our home and premises and that we believe the information provided to you accurately reflects the fire/safety status of our home. We understand that this self declaration is required to obtain a license to provide foster care to children in the state of North Dakota and that provision of false information is grounds for revocation/denial of a license to provider foster care to children.

☐ **By checking this box and typing my name below, I/we am signing this document electronically. I/we agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I/we agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.**

Applicant A Signature	Date
Applicant B Signature	Date

***** **AUTHORIZED LICENSING AGENCY ONLY** *****

I hereby declare that I have conducted an on-site visit to the home and believe the information provided accurately reflects the fire/safety status of the home. I verified this information while visiting the home.

☐ **By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.**

Date of Home Visit Walk Through	
Licensing Specialist Signature	Date

SECTION D - FAMILY EVACUATION DISASTER PLAN

Evacuation planning is required for all licensed foster care providers in the event there is reason to leave your home due to a natural disaster or catastrophic event. Please indicate your emergency contact information below:

- ☐ Initial Licensing (complete details below) ☐ Renewal Licensing
☐ No changes since last renewal ☐ Changes, (see updates below)

Emergency Contact #1

Contact			
Address		City	State ZIP Code
Telephone Number	Cell Phone Number	Email Address	
Additional Contact Information			

Emergency Contact #2

Contact			
Address		City	State ZIP Code
Telephone Number	Cell Phone Number	Email Address	
Additional Contact Information			

Evacuation Location

Type <input type="checkbox"/> Hotel <input type="checkbox"/> Relative's Home <input type="checkbox"/> Lake Cabin <input type="checkbox"/> Other			
Contact Name			
Address		City	State ZIP Code

I understand that there are critical items I am urged to take with me when we evacuate. These may include:

- Agency contact information (e.g. agency emergency contact number.)
- Child information (e.g. prescriptions, recent medical reports, physician's name and contact information, immunization history).
- I understand that in the event that I must evacuate my home, I am required to report my location to the legal custodian, licensing agent or the Department of Health and Human Services, CFS Licensing Unit.
- I understand that if any of the information included in this plan changes, I am to update the legal custodian, licensing agent or the Department of Health and Human Services within 7 days of the change.

SECTION E - YOUTH IN FOSTER CARE DRIVING

Foster care providers must review the pamphlet, [DN 271](#), "Motor Vehicle Operation by Youth in Foster Care" at the time of initial licensure, annual licensure, and as needed thereafter. Below is the notice/acknowledgment the foster care provider(s) received and understand the information.

- ☐ I have reviewed the pamphlet "Motor Vehicle Operation by Youth in Foster Care" which outlines the North Dakota Department of Health and Human Services policy related to the operation of motor vehicles by youth in foster care.
- ☐ I understand the policy related to the operation of motor vehicles by youth in foster care.
- ☐ **By checking this box and typing my name below, I/we am signing this document electronically. I/we agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I/we agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.**

Applicant A Signature	Date
Applicant B Signature	Date

SECTION F - FINANCIAL ASSESSMENT

Directions: This form must be completed and signed by each foster care provider before initial licensure and during each renewal. The licensing specialist will review the information when completing the home study visit. This financial report is required as federal standards require foster care providers to be financially stable with reasonable income or resources available to care for oneself and all members of the household. Foster care reimbursement is provided to offset the cost of caring for a foster child in the home. Reimbursement is not income, foster care providers are not paid to provide foster care, rather are reimbursed for costs associated with caring for a foster child. Foster care providers are not taxed or issued a W-2 or a1099 from the Department.

MONTHLY HOUSEHOLD INCOME

Salary/Wages

☐ \$0-\$1000/month ☐ \$1000-\$2000/month ☐ \$2000-\$3000/month ☐ \$3000-\$5000/month ☐ More than \$5000/month

MONTHLY BENEFITS

Receipt of public assistance benefits does not exclude a family from providing foster care

Is family receiving SNAP, TANF, Housing, SSI, SSDI, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what benefits?	Amount Received
Is family receiving TANF Kinship Care "child only"? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is family receiving Kinship Navigator reimbursement from CFS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MONTHLY EXPENSES

Mortgage/Rent <input type="checkbox"/> \$0-\$250/month <input type="checkbox"/> \$250-\$500/month <input type="checkbox"/> \$500-\$1000/month <input type="checkbox"/> \$1000-\$2000/month <input type="checkbox"/> More than \$2000/month
Utilities/Bills <input type="checkbox"/> \$0-\$250/month <input type="checkbox"/> \$250-\$500/month <input type="checkbox"/> \$500-\$1000/month <input type="checkbox"/> \$1000-\$2000/month <input type="checkbox"/> More than \$2000/month
Food <input type="checkbox"/> \$0-\$250/month <input type="checkbox"/> \$250-\$500/month <input type="checkbox"/> \$500-\$1000/month <input type="checkbox"/> \$1000-\$2000/month <input type="checkbox"/> More than \$2000/month
Clothing <input type="checkbox"/> \$0-\$250/month <input type="checkbox"/> \$250-\$500/month <input type="checkbox"/> \$500-\$1000/month <input type="checkbox"/> \$1000-\$2000/month <input type="checkbox"/> More than \$2000/month
Entertainment <input type="checkbox"/> \$0-\$250/month <input type="checkbox"/> \$250-\$500/month <input type="checkbox"/> \$500-\$1000/month <input type="checkbox"/> \$1000-\$2000/month <input type="checkbox"/> More than \$2000/month
Other <input type="checkbox"/> \$0-\$250/month <input type="checkbox"/> \$250-\$500/month <input type="checkbox"/> \$500-\$1000/month <input type="checkbox"/> \$1000-\$2000/month <input type="checkbox"/> More than \$2000/month
Discussion/Comments

- ☐ I/We hereby declare that we have reviewed our finances and are financially stable to meet the needs of our household.
- ☐ I/We understand how to access resources in the event we experience in economic hardship.
- ☐ I/We understand all allowable and pre-approved costs are reimbursed after the expenses and services have been rendered, meaning I/we will be responsible to purchase clothing, pre-pay activity fees, pre-pay child daycare costs, and other expenses associated with the care of a child in foster care.
- ☐ I/We understand I/we must have a means to wait for reimbursement for the care of the child in foster care by Department.
- ☐ I/We understand if we are receiving TANF Kinship Care financial reimbursement, we must notify case managers when we are "licensed" or "certified".
- ☐ I/We understand every effort is made to have timely reimbursement, however at times it can take up to one month.
- ☐ **By checking this box and typing my name below, I/we am signing this document electronically. I/we agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I/we agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.**

Applicant A Signature	Date
Applicant B Signature	Date

SECTION G - ACKNOWLEDGMENT OF PLACEMENTS PREFERENCE

Licensed foster care providers must submit acknowledgment of child placement options that lead to case permanency. Foster care provider(s) shall participate in the child and family team meetings for the child in foster care. The foster care providers shall cooperate in carrying out the objectives and goals of the plan for the child in their care.

Applicant/s Name/s

Acknowledgment of Foster Care Placements

I/We, (Applicant(s) for foster care license), am/are submitting an application to provide foster care to children in North Dakota.

I/We understand:

- ☐ I/We are seeking licensure to provide a service to children and families in our state.
- ☐ Foster care means the provision of substitute parental care to those children described in North Dakota Century Code 50-11; and includes providing food, shelter, security, safety, guidance and comfort on a twenty-four hour basis.
- ☐ Foster care for children is intended to be temporary. Planning for a child's discharge from foster care occurs through permanency planning conducted, in part, through Child and Family Team meetings. I understand I will be invited to participate in this process for each child placed in my home. (NDAC 75-03-14)
- ☐ Federal laws (PL 1109-239, PL 110-3.51,PL 111-320, Title 42 U.S.C. § 671(a)(19) require each child in foster care to achieve one of the five approved permanency goals; reunification with parents, guardianship, placement with a fit/willing relative, another planned permanent living arrangement (APPLA) or adoption.
- ☐ Federal law requires states to consider relatives of the child for placement preference while the child is placed in foster care. Foster care providers may be considered for a more long-term permanency option, but are not guaranteed, to be a permanent placement option through adoption.

By the signing of this form, I/We acknowledge and understand the placement of a foster child is intended to be temporary and does not constitute a guarantee that I/We will become a permanent placement option for children in foster care.

SIGNATURE

- ☐ By checking this box and typing my name below, I/we am signing this document electronically. I/we agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I/we agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.

Applicant A Signature	Date
Applicant B Signature	Date

SECTION H - SAFETY ACKNOWLEDGMENTS

- ☐ I have tested the temperature of my hot water and it is less than 120 degrees F to reduce the risk for burns / scalds to children. Children will have age-appropriate supervision when using water.
- ☐ Medications, alcohol and weapons are properly stored and out of reach of small children.
- ☐ We have a first aid kit in an easily accessible location and all household members are aware of the location. First aid kit should include at minimum: various sized bandages, gauze pads and rolls, disposable gloves (preferably non-latex), antiseptic wipes, antibiotic ointment, medical tape, tweezers, scissors and plastic bags (for putting bloody items in after use).

SIGNATURE

- ☐ **By checking this box and typing my name below, I/we am signing this document electronically. I/we agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I/we agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.**

Applicant A Signature	Date
Applicant B Signature	Date