LICENSE TO PROVIDE RESIDENTIAL HABILITATION AND COMMUNITY SUPPORTS IN AN AGENCY FOSTER CARE HOME FOR ADULTS

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
SFN 1058 (5-2022)

Clear Fields

This is to certify that a license be granted to:

Name of Licensee:		
Location:	County:	State: North Dakota
License to provide residential habilitation and community supports in an agency foster care home for adults 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