



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES
SFN 1058 (2-2025)

This is to certify that a license be granted to:

Name of Licensee			
Location		HSZ/County	State
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 Health and Human Services. It is subject to revocation for cause by the North Dakota Department of Health and Human Services.

Dated this _____ day of _____, 20 ____.

[Affix Official Seal Here]

Adult and Aging Services Designee