



PERSONAL FACILITY ACCESS CONSENT
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FIELD SERVICES DIVISION
SFN 1161 (11-2021)

Date of Consent

By and Between (Client)

and

Human Service Center

Client consents to the following:

The above-named Human Service Center has my permission to access the main entry of the facility as requested by me for the purpose of my care.

Client consents to holding the Department of Human Services harmless of all legal, financial and any other liability that may result from this arrangement.

This Consent has been read and fully understood by the undersigned and has been explained to me.

Client's Signature	Date
--------------------	------

Printed Name

Human Service Center Official Signature	Date
---	------

Printed Name
