AGENCY SUMMARY OF AND DECISION FROM INFORMAL MEETING

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1249 (9-2019)

Clear Fields

Foster Child's Custodial Agency:			Date:
Name of Foster Child(ren):			
Date of Informal Meeting:			
TO: (Foster Parents)			
Address:	City:	State:	ZIP Code:

Informal Meeting was held at:	Date:
The following is to inform you of the results of the meeting concerning your grievance:	
At the conclusion of the Informal Meeting, the following decisions were made to resolve your grievance:	

(1) If you **agree** with the decisions please sign and return this form.

(2) If you **do not agree** with the decisions that were made at the Informal Meeting you may, **within two working days**, prepare your own summary and alternative resolutions and submit them to the _____ on the enclosed Foster Parent Summary and Alternative Resolution Form which is enclosed for your use.

(3) If you **do not agree** with the decisions reached at the Informal Meeting, you may also file a Request for a Formal Hearing on the enclosed form and send to the regional representative at the _____ Human Service Center. This request must be filed within **three working days** of the receipt of this report.

Date:	
Foster Parent:	Foster Parent:

COPIES to:

- ☐ Authorized Licensing Agent
- ☐ Licensing Agency-DHS
- ☐ Foster Parents
- ☐ Children & Family Services Division