FOSTER PARENT SUMMARY AND ALTERNATIVE RESOLUTION

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1250 (Rev. 8-2010)

Clear Fields

(Must be submitted within <u>two working days</u> of receiving the agency summary of and decision from the Informal Meeting)

TO: (County Social Service Board)			
Address:	City:	State:	ZIP Code:
Date:			

You are hereby notified that we do not agree with your summary and decisions regarding the Informal Meeting:

Informal Meeting was held at: (County Social Service Board)	Date:
Our summary of this meeting is as follows:	
We propose the following alternative resolutions:	
Date:	
Foster Parent:	
Foster Parent:	

COPIES to: Human Service Center, County Social Service Board, Foster Parents filing grievance, Children & Family Services Division