



TREATMENT FOSTER CARE EXTENSION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 1780 (4-2022)

Instructions: This extension request is specific to treatment foster care placements. The treatment foster care agency may request a placement extension to Children and Family Services at least 30 days prior to reaching placement maximums.

Request Type		
<input type="checkbox"/> Treatment Foster Care (TFC) <input type="checkbox"/> Intensive Treatment Foster Care (ITFC)		
Name of Person Requesting Extension		
Email Address		Telephone Number
Name of Child	Date of Birth	Custodial Agency
Date of Entry in TFC/ITFC	Name of Foster Care Provider(s)	
Describe in detail, the child's discharge plan.		

Collateral Contacts Made to Support Extension Request Include the following:

<input type="checkbox"/> Child's Case Manager	Name of Collateral Contact
<input type="checkbox"/> Parent/Guardian	Name of Collateral Contact
<input type="checkbox"/> Other	Name of Collateral Contact

The treatment foster care agency is required to describe in detail, the reason the extension request is being submitted to the Department. The treatment foster care agency in collaboration with the child's collateral contacts shall specify barriers to timely discharge from the program, indicate if there are pending safety services to return the child home and rationale for length of time needed and anticipated discharge date.

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I understand that submission of an extension request does not guarantee an extension approval will be granted by the Department. All extension requests must be submitted to the Department via cfslicensing@nd.gov at least 30 days prior to placement expiration.

Treatment Foster Care Agency Signature	Date
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State Office Use Only:
<input type="checkbox"/> Approved for a period of _____ days
<input type="checkbox"/> Denied

Note: If the extension is not approved by Children and Family Services the child must discharge within placement maximums.