



EXTENSION REQUEST FOR SHELTER CARE SERVICES BEYOND SEVEN DAYS
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1781 (3-2022)

| | | | |
|--|------|------------------|----------|
| Name of Certified Shelter Care Program | | | |
| Address | City | State | ZIP Code |
| Agency Contact | | Telephone Number | |
| Name of Person Requesting Extension | | Telephone Number | |
| Email Address | | | |

| 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 |

| | | |
|------------------------|---------------|--------------------------------|
| Name of Child | Date of Birth | Date of Entry into the Shelter |
| Shelter Discharge Plan | | |

75-03-14.1-08 Indicates the Shelter Care Program Supervisor is required to describe in detail, the reason the extension request is being submitted to the Department. Supervisor in collaboration with the child's collateral contacts shall specify barriers to timely discharge from the Shelter Care Program, indicate if there are pending safety services to return the child home and rationale for length of time needed and anticipated discharge date.

I understand that submission of an extension request does not guarantee an extension approval will be granted by the Department. All extension requests for shelter care services beyond 7 days must be submitted to the Department via cfslicensing@nd.gov within three days prior to placement expiration.

| | |
|---|------|
| Shelter Care Program Supervisor Signature | Date |
|---|------|

State Office Use Only:

- Approved for a period of _____ days
- Denied

Note: If the extension is not approved by Children and Family Services the child must discharge seven days from admission.