



**INITIAL APPLICATION TO PROVIDE FAMILY FOSTER CARE FOR CHILDREN**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 FOSTER CARE DIVISION  
 SFN 893 (8-2016)

**I. IMPORTANT INFORMATION**

We ask that you begin the licensing process by completing the SFN 893 application so that we might better understand you, your home, your situation, and your interests. The application process including home visits and interviews is designed not only to determine if you meet minimum licensing requirements, but also to provide information that will be useful in making future placement decisions. The following steps must be completed and documentation must be received by the licensing agent in order for your application to be considered complete and received:

- Step One: This Application (SFN 893).
- Step Two: Completion of Fire/Safety Requirements.
- Step Three: Receipt by agency of reference letters.
- Step Four: Medical History Self-Declaration Form.
- Step Five: Background check.

The Department of Human Services has sixty days from the date of completion of these steps in which to make a decision on your application. Upon notice to you, the Department may take an additional forty-five days in which to make its decision. Due to the time limits, you may be contacted regarding interviews and home visits before the steps of the application have been completed.

**II. IDENTIFYING INFORMATION**

**APPLICANT #1**

Full Name			Social Security Number *
Home Telephone Number	Cell Phone Number	Work Telephone Number	Religion
Email Address			
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other (specify): <input type="checkbox"/> Native American <input type="checkbox"/> Asian _____			Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-Married <input type="checkbox"/> Partner/Live-In			

**APPLICANT #2**

Full Name			Social Security Number *
Home Telephone Number	Cell Phone Number	Work Telephone Number	Religion
Email Address			
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other (specify): <input type="checkbox"/> Native American <input type="checkbox"/> Asian _____			Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-Married <input type="checkbox"/> Partner/Live-In			

**Applicant Address**

Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code

**THIS FORM IS A STATEMENT OF INTENT AND CAN BE WITHDRAWN BY THE APPLICANT AT ANY TIME**

(Attach additional sheets if more space is needed for explanation of any items)

\* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

**Persons living in the household other than foster children (Applicant information must be included below)**

Household Members	Full Name	Relationship to Applicant	Gender	Birthdate	Occupation/Employment
Applicant #1					
Applicant #2					
Other Adults living in the home <i>List all over the age of 18 years old.</i>					
Children living in the home <i>Do not include foster children on this list.</i>					

**III. PRIOR CHILD CARE EXPERIENCE (Foster Care, Early Childhood Care, etc.)**

**A.** Has applicant held a license to provide foster care, early childhood care, etc. in or outside of North Dakota?  
 Yes  No *If yes, applicant must provide complete information about all child care licensure experience and sign release of information allowing agency to access information.)*

Name(s) on License		Agency	
Contact Person			Telephone Number
Address		City	State ZIP Code
License Dates: From: _____ To: _____		Ages: From: _____ To: _____	
Licensure Types <input type="checkbox"/> Foster Care <input type="checkbox"/> Early Childhood Care <input type="checkbox"/> Other		Sex of Children <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	

Name(s) on License		Agency	
Contact Person			Telephone Number
Address		City	State ZIP Code
License Dates: From: _____ To: _____		Ages: From: _____ To: _____	
Licensure Types <input type="checkbox"/> Foster Care <input type="checkbox"/> Early Childhood Care <input type="checkbox"/> Other		Sex of Children <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	

**B.** Has applicant ever received a notice of correction, revocation, or denial of a license to provide foster care, or other type of child care?  
 Yes  No *(If Yes, provide name of agency, contact person, dates, and details in addition to a signed release of information.)*

**III. PRIOR CHILD CARE EXPERIENCE (Foster Care, Early Childhood Care, etc.) (continued)**

**C.** Has applicant been employed in any capacity at a group home, residential child care facility, residential treatment facility, early childhood care group or center?  Yes  No  
*(If Yes, provide facility name, dates, contact person, reason for termination of employment, and other pertinent information.)*

**D.** Has applicant provided any other child care (except for own children) in any capacity, either licensed or unlicensed?  
 Yes  No Explain:

**IV. HISTORY**

**a.** List all crimes with which applicant has been charged in the past ten years, along with the disposition of the charges:

**b.** List all criminal convictions where any jail or prison time was included in the sentence, **or** where the crime charged involved a physical assault of any kind or the threat of any physical assault. (Physical assault is defined as a touching of the person without the consent of the person touched):

**c.** If applicant(s) has ever had a service required decision, or a probable cause determination indicating that applicant(s) has abused or neglected a child, explain circumstances, date, location and resolution of situation.

**d.** If applicant has ever been a perpetrator of a sexual offense, explain circumstances.

**V. CERTIFICATION**

**a.** We/I hereby make application to the North Dakota Department of Human Services for a license to provide Family Foster Care. In making this application, we/I state that we/I:

**b.** Have read and have a copy of the North Dakota Administrative Code 75-03-14, the rules for Family Foster Care Homes, and will comply with them.

**c.** Certify that all the above information is true to the best of my knowledge and we/I grant permission for this information to be verified with the appropriate persons or agencies. (License to provide Family Foster Care may be revoked in accordance with NDCC 50-11 if issued upon fraudulent or untrue representation.)

Applicant Signature	Date
Applicant Signature	Date

**VI. REFERENCES (Initial Only)**

Name three people not related to you who know you well and are likely to respond promptly to the agency's inquiry.

Name	Mailing Address	Telephone Number	Occupation

**VII. FACTS ABOUT THE CHILDREN YOU WOULD LIKE TO TAKE INTO YOUR HOME**

Gender Preference	Age Preference	Number of Children	Emergency Short-Term Foster Care:
On-Going Foster Care:			
Comments and Factors to be Considered			

**VIII. AUTHORIZED LICENSING AGENT**

Name of Authorized Licensing Agent/Agency	Name of Worker		
Address	City	State	ZIP Code

**IX. PROTECTIVE SERVICE/BACKGROUND CHECKS**

FOR COUNTY/AGENCY USE ONLY			
Protective Service Reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any negative indicators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Investigation conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Recommendation to License? <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal Background Check? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates <input style="width: 150px; height: 20px;" type="text"/>

**\*\*\* If Licensure is Not Recommended, Attach Report \*\*\***

Signature of Authorized Agent Worker	Date
--------------------------------------	------