FOSTER CARE PLACEMENT NOTIFICATION AND PRELIMINARY ELIGIBILITY DETERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES FOSTER CARE DIVISION
SFN 630 (4-2015)

Clear Fields

Name of Custodial Agency	Financially Responsible County		
Name of Child	Date of Birth	Gender ☐ Male ☐ Female	
Address	City	State	ZIP Code
Name of School	Grade Completed	Expected Graduation Date	
Has the child been referred for screening services under Health Tracks? ☐ No ☐ Yes			
Has child ever been adopted? ☐ No ☐ Yes	If yes, does the family receive a subsidy payment? ☐ No ☐ Yes	If yes, administered by? ☐ NDDHS ☐ Out-of-State Agency	

PARENT INFORMATION (BIOLOGICAL/ADOPTIVE)

Status of Biological/Adoptive Parents to Each Other ☐ Married ☐ Divorced ☐ Never Married ☐ Single Parent Adoption			
Name of Mother	Date of Birth	Telephone Number	
Address	City	State	ZIP Code
Name of Father	Date of Birth	Telephone Number	
Address	City	State	ZIP Code

PLACEMENTS SINCE REMOVAL (start with current placement)

Dates From: To:	Name		
Address	City	State	ZIP Code
Licensed Foster Care Provider ☐ Family Foster Home ☐ Therapeutic ☐ Group Home	FFH Only, Emergency Placement? ☐ No ☐ Yes		
Non-licensed Foster Care Placement ☐ Relative ☐ Medical (PRTF or Hospital) ☐ Detention Center ☐ Other (specify):			
Dates From: To:	Name		
Address	City	State	ZIP Code
Licensed Foster Care Provider ☐ Family Foster Home ☐ Therapeutic ☐ Group Home	FFH Only, Emergency Placement? ☐ No ☐ Yes		
Non-licensed Foster Care Placement ☐ Relative ☐ Medical (PRTF or Hospital) ☐ Detention Center ☐ Other (specify):			

NOTE: A copy of all family foster home and therapeutic provider licenses and background check results are required in the foster care file.

LEGAL

Was a petition filed that eventually led to the court ordered removal? ☐ No ☐ Yes	If Yes, Date Petition Filed (attach copy of petition)
Court Ordered Removal Date (attach copy of court order**)	If court order does not specify removal date, indicate date of hearing sanctioning removal
Physical Removal Date	If physical removal did not take place on the court ordered removal date, explain
As per the court order, whom was the child legally removed from (legal removal home)? ☐ Mother ☐ Father ☐ Other	If Other, List the Name
Other's Relationship to the Child (Specified Relative) ☐ No Relation	Legal Guardian? ☐ No ☐ Yes (attach guardianship document)

**** Documentation of Judicial Determination** - Applies to all children in Foster Care (447-10-20-10)
The initial removal order must contain the following judicial determinations*:

- ☐ Contrary to the Welfare to remain in the home or In the Best Interest of the child to be removed from the home
- ☐ Reasonable efforts were made to prevent removal or were not required at time of removal
- ☐ Reasonable efforts to place siblings together
- ☐ Gives responsibility to a public agency (ex: care, custody, and placement authority)

*IMPORTANT: Judicial determinations must be made by a District Court Judge, Tribal Judge or judicial referee, which have the authority to make such a determination (447-10-25-05). The judicial determinations must be in the court order and cannot be incorporated into the order through an affidavit and/or petition. Court orders must include a copy of any/all documents that are incorporated into the order (example: affidavit, petition, and other specified documents).

List all residences where the child lived in the 6 months prior to removal, starting with the residence at the time of removal:

Dates From: To: date of physical removal	Name		
Address	City	State	ZIP Code
Type of Residence ☐ Detention Center ☐ Hospital ☐ Friend/Not Related ☐ Mother ☐ Father ☐ Other Relative (specify):			
Dates From: To:	Name		
Address	City	State	ZIP Code
Type of Residence ☐ Detention Center ☐ Hospital ☐ Friend/Not Related ☐ Mother ☐ Father ☐ Other Relative (specify):			

If the child was not living with the specified relative listed in the legal removal home at the time of removal, did the child live with that specified relative at any time within the 6 months prior to the removal month?

☐ No (case is not IV-E) ☐ Yes, explain:

ELIGIBILITY MONTH

Enter the date the petition was filed or if no petition was filed, enter court ordered removal date. Refer to Legal section above for date.

ELIGIBILITY MONTH (month/year)

Important: The information provided on the SFN 641 Title IV-E Title XIX Application Foster Care must be specific to the eligibility month.

Case Manager Signature	Date

DISTRIBUTION: Financial County Legal Custodian Regional Human Service Center Regional Child Support Office