

North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

Instructions (please read carefully):

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

All sections of this form must be completed and signed by the agency and the prospective employee / applicant / volunteer. Please print legibly or type all information. Incomplete or illegible forms will be returned without the RIL check being completed.

Requests for information may be submitted by:

Fax: 919-715-6714, Attn: RIL
OR

Mail: Including a self-addressed stamped envelope:

NC Division of Social Services
Attn: RIL
820 S. Boylan Ave.
Mail Service Center 2408
Raleigh, North Carolina 27699-2408

Requesting Agency Information:

Agency Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

Type of Agency (Check One):

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency (Foster) | <input type="checkbox"/> County Child Welfare Agency |
| <input type="checkbox"/> Child Placing Agency (Adopt) | <input type="checkbox"/> NC Guardian ad Litem Program |
| <input type="checkbox"/> Group Home Facility | <input type="checkbox"/> Foster Parent Applicant |

Agency License Number (if available) _____

Agency Certification: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed below or am strongly considering the individual as an adoptive or foster parent or as an employee/volunteer/contractor who has the responsibility for the care of minor children. I will only use the information requested to approve the applicant or hire/use the services of the individual.

Name and Title: (PRINT)

Signature: _____

Employee (E), Applicant (A) or Volunteer (V)

Print E, A, or V's Full Name (including MI):

First Name MI Last Name

E, A, or V's Date of Birth (MM/DD/YYYY):

_____/_____/_____

E, A, or V's Social Security Number (last four digits)

E, A, or V's Gender: Male Female

Other names used (maiden, nickname, former married name etc.):

Employee (E), Applicant (A), or Volunteer (V) Acknowledgement:

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am identified as being responsible for the abuse or serious neglect of a juvenile.

Signature: _____

Date: _____

NCDSS Office Use Only

Form submitted incomplete

Ineligible to request information

As of _____ E, A, V's name is NOT on the RIL

As of _____ E, A, V's name is on the RIL

Finding: _____

Completed by:

Staff Name (Print): _____

Signature: _____