

## North Carolina Division of Social Services Request for Information from the Responsible Individuals List

**IMPORTANT INFORMATION AND INSTRUCTIONS FOR COMPLETING DSS-5268 (please read carefully):**

**Do NOT alter this form. Do NOT print on front and back of this form.**

NCGS § 7B-311 Authorizes the release of information regarding substantiated cases of abuse and serious neglect from the Responsible Individuals List (RIL), for the sole purpose of determining current or prospective employment in certain situations, or fitness to provide care for children. This includes applications to foster or adopt a child.

DSS-5268 is the form used to request information from the Responsible Individuals List.

**All forms must be MAILED to:** North Carolina Division of Social Services, Regulatory and Licensing Services, 952 Old US Highway 70, Black Mountain, North Carolina 28711, Attn: RIL

**Agencies may request RIL information to be returned as follows: Check ONE**

- MAIL** – Submit one original AND one copy of DSS-5268 along with a self-addressed, stamped envelope.  
 **FAX** – Submit DSS-5268 AND a completed fax cover sheet. (If submitting more than 5 requests at once, faxing is not an option)

All sections of Form DSS-5268 must be completed and signed by the agency and the prospective employee/volunteer. Please print legibly or type all information. Please do not staple. Incomplete forms will be returned via fax without the Responsible Individuals List check completed. The agency must then resubmit the corrected form via MAIL.

**Section I: Information regarding agency requesting a background check from the Responsible Individuals List**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Agency:       Child Care Provider                       Child Caring Institution  
 Child Placing Agency                       County DSS  
 Group Home Facility                       Guardian ad Litem  
 Other Provider of Adoption                       Other Provider of Foster Care

Agency License Number: \_\_\_\_\_  Check if agency is licensed, but has no license #

**Section II: Agency Certification**

**I hereby request information from the North Carolina 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 for an employment, contract, or volunteer position. I will only use the information requested to determine whether to hire or retain the individual.**

Name and Title (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section III: Information regarding Employee (E), Applicant (A), or Volunteer (V)**

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

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

E, A, or V's Social Security Number (last four digits only): \_\_\_\_\_

E, A or V's Gender:  Male  FemaleOther names E, A or V has used (**maiden name, nicknames, former married names, etc.**): \_\_\_\_\_**Section IV: Employee, Applicant, or Volunteer 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 the subject of an existing substantiated report of child abuse or serious neglect.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section V: North Carolina Division of Social Services Office Use Only**Initials

\_\_\_\_\_ Form submitted incomplete and returned to the agency without the Responsible Individuals List check completed.

\_\_\_\_\_ As of \_\_\_\_\_, employee's name NOT found on the Responsible Individuals List.

\_\_\_\_\_ As of \_\_\_\_\_, employee's name found on the Responsible Individuals List.

Finding: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_