

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

Instruction for completing DSS-5268 (please read carefully):

G.S. § 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. All sections of the DSS-5128 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 via fax without the RIL check completed.

Requests for information may be submitted by:

Fax (919) 715-6714, Attn: RIL

Mail (must include SASE) N.C. Division of Social Services Attn: RIL
325 N. Salisbury St.
Mail Service Center 2408
Raleigh, North Carolina 27699-2408

Agency Requesting Information

Agency Name: **NATHANSON ADOPTION SERVICES**

Mailing Address: **7401 CARMEL EXECUTIVE PARK, SUITE 315**

City/State/Zip: **CHARLOTTE, NORTH CAROLINA, 28226**

Phone: **(704) 553-9506**

FAX: **(704) 553-6143**

Type of Agency (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency | <input type="checkbox"/> County DSS |
| <input type="checkbox"/> Group Home Facility | <input type="checkbox"/> Guardian ad Litem |
| <input type="checkbox"/> Other Provider of Adoption | <input type="checkbox"/> Other Provider of Foster Care |
| <input checked="" type="checkbox"/> Adoption Home Study | <input type="checkbox"/> Foster Parent Applicant |

Agency License Number (if available) **LICENSE NOT NUMBERED**

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)

PARISA L. COUZZI, ADOPTION SUPERVISOR

Signature:

Date: _____

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 found on the RIL

Finding:

Completed by:

Staff Name (Print):

Signature:

Date: _____