

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

INSTRUCTIONS (Please read carefully):

ALL INFORMATION ON THIS FORM MUST BE TYPED.

THE APPLICANT'S IDENTIFYING INFORMATION MUST BE VERIFIED.

ALL LEGAL NAMES USED MUST BE PROCESSED, (INCLUDING MAIDEN, NICKNAME, FORMER MARRIED NAMES, ETC)

FULL SOCIAL SECURITY NUMBER MUST BE LISTED AND PROCESSED.

FORMS MUST CONTAIN SIGNATURES OF AGENCY REPRESENTATIVE AND APPLICANT

IF THE PURPOSE OF THE RIL SUBMISSION IS FOR A NC FOSTER HOME LICENSE, THE FORM IS VALID FOR 180 DAYS AFTER BEING PROCESSED BY THE DHHS (FOSTER CARE REGULATORY & LICENSING OFFICE) OR COUNTY DSS OFFICE.

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, childcare, 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 by the requesting agency, signed and dated by the requesting agency and the prospective applicant.

Requests for information may be submitted via secure email to:

NC.CW.RILCHECKS@DHHS.NC.GOV

REQUESTING AGENCY INFORMATION:

Agency Name: Office of Licensing & Accreditation

Address: 700 Governors Dr

City/State/Zip: Pierre, SD 57501

Phone: 605-773-3612 ext 3600146

Email: dsscrs@state.sd.us

TYPE OF AGENCY & REQUEST: Check ALL apply:

- | | |
|---|--|
| <input type="checkbox"/> Foster/adoptive Parent | <input type="checkbox"/> Child placing agency |
| <input type="checkbox"/> NC Guardian ad Litem | <input type="checkbox"/> Adam Walsh/out of state |
| <input checked="" type="checkbox"/> Agency Staff or volunteer | <input type="checkbox"/> NC County DSS |

AGENCY CERTIFICATION: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am representing one of the types of agencies listed above and I am requesting this information in order to determine the fitness of individuals to care for or adopt children. I will only use the information requested to approve the applicant or hire/use the services of the individual. I have verified as correct, the name, date of birth, and Social Security number of the applicant.

Name and Title (Typed): Kyli Hill - Program Assistant II

Signature: _____

APPLICANT INFORMATION: (Typed & Verified)

First Name MI Last Name

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

Date of Birth (MM/DD/YYYY):

____ / ____ / ____

Social Security Number (FULL):

____ - ____ - ____

Gender: (Optional)

Male ☐ Female ☐

APPLICANT ACKNOWLEDGEMENT:

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

Signature: _____

Date: _____

DHHS or NC County DSS Office Use Only

Form submitted incomplete or not typed.

As of _____,
Applicant's name is **NOT** on the RIL

As of _____,
Applicant's name **IS** on the RIL.

I hereby affirm that by signing this request, I am NC County DSS or DHHS staff. I have processed all legal names listed, date of birth, and social security number of the applicant in Legacy (Host on Demand) and CWIS. County staff only **MUST** attach screen prints from Legacy and CWIS.

Completed by:

Mark one: County Staff ☐ State Staff ☐

County Name: _____

Initials: _____

Name/Title _____
(Printed)

Signature: _____