

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.**

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

Requests for information may be submitted to:

**FAX:** (984) 285-7159

OR

**MAIL:** (include a self-addressed stamped envelope):

NC Division of Social Services  
ATTN: RIL  
952 Old US Hwy 70  
Black Mountain, NC 28711

**REQUESTING AGENCY INFORMATION:**

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

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

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

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

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**TYPE OF AGENCY** (Check one):

- Child Placing Agency (Foster)     County Child Welfare Agency
- Child Placing Agency (Adopt)     NC Guardian ad Litem Program
- Group Home Facility     Foster Parent Applicant

**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): \_\_\_\_\_

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

**APPLICANT INFORMATION:** (Typed & Verified)

\_\_\_\_\_  
First Name                      MI                      Last Name

Date of Birth (MM/DD/YYYY):  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number (FULL):  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender:     Male                       Female

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

**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: \_\_\_\_\_

**NCDSS Office Use Only**

- Form submitted incomplete
- Ineligible to request information
- As of \_\_\_\_\_, applicant's name is NOT on the RIL.
- As of \_\_\_\_\_, applicant's name is on the RIL.

Completed by:

\_\_\_\_\_  
Staff Name (Print)

\_\_\_\_\_  
Signature