

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

**N.C.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 or fitness to provide care for children. This includes applications to foster or adopt a children.**

**Section I: Employer Information.**

Employer's Name: \_\_\_\_\_  
Employer's Organization: \_\_\_\_\_  
Employer's License Number (if applicable): \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_  
Employer's Fax Number: \_\_ (\_\_\_\_) \_\_\_\_\_  
Employer's E-mail Address: \_\_\_\_\_

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

**Section II: Employer 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 above, 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.**

Print Name and Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Section III: Information Regarding Employee, Applicant, or Volunteer.**

Full Name (including MI): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other Names Used (i.e. Maiden name, nicknames, former married names, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV: Employee/Applicant/Volunteer Acknowledgment**

**I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above-named employer 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.**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Section V: Submit Request to:**

**North Carolina Division of Social Services  
Regulatory and Licensing Services  
952 Old U.S. 70 Highway  
Black Mountain, N.C. 28711  
Attn: RIL**

All sections must be completed and signed by the employer and the current or prospective employee/volunteer.

**Section VI: For Office Use Only**

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

\_\_\_\_\_ As of  (date of check) , the name is NOT found in the Responsible Individuals List.

\_\_\_\_\_ As of  (date of check) , the name is found in the Responsible Individuals List.

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

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

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

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