Dear Prospective Resource Family,

You informed Lutheran Services in Iowa that you and/or members of your family resided in a state other than Iowa during the past five (5) years. By law, we need to run your name through the Child Abuse registry in the state before you can be approved as a foster and/or adoptive home. Please print off 1 form for each person age 14 or older that has lived in another state in the last 5 years.

If the state requests the form be notarized, please make sure it is signed in front of a notary before you send it back to us. Some states charge a fee to process Child Abuse registry requests, but you do not need to pay this fee. Lutheran Services in Iowa pays this fee. Please do not send us any money with your completed forms.

Do not mail the forms to the state. You can turn in your completed, signed, and dated forms at the informational session, along with the rest of the packet. If you receive the out of state forms after you have already attended a session, please mail to:

Lutheran Services in Iowa  
Attn: OOS Checks  
205 South 7th Street  
Denison, IA 51442

Thank you for your continued interest in becoming one of Iowa’s most valued families! If you have any questions, feel free to contact us at 1.844.574.7787 or at fosteradopt@lsiowa.org
North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

Instructions (please read carefully):

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 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 without the RIL check being completed.

Requests for information may be submitted by:

Fax: 919-715-6714, Attn: RIL
OR
Mail: Including a self-addressed stamped envelope:
NC Division of Social Services
Attn: RIL
820 S. Boylan Ave.
Mail Service Center 2408
Raleigh, North Carolina 27699-2408

Requesting Agency Information:

Agency Name: Lutheran Services in Iowa

Mailing Address: 205 South 7th Street
City/State/Zip: Denison, IA 51442
Phone: 712-263-9341
Fax: 712-263-6061

Type of Agency (Check One):
☐ Child Care Provider
☐ Child Placing Agency (Foster)
☐ Child Placing Agency (Adopt)
☐ Group Home Facility
☐ Child Care Institution
☐ County Child Welfare Agency
☐ NC Guardian ad Litem Program
☐ Foster Parent Applicant

Agency License Number (if available)_________________________

Agency Certification: I hereby request information from North Carolina's 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 employ the individual listed below or am strongly considering the individual as an adoptive or foster parent or as an employee/volunteer/contractor who has the responsibility for the care of minor children. I will only use the information requested to approve the applicant or hire/use the services of the individual.

Name and Title: (PRINT)

Signature:_________________________

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 is on the RIL

Finding:

_________________________________________________________

_________________________ Completed by:

Staff Name (Print):

Signature:_________________________

DSS-5268 (Rev. 12/2013)
Child Welfare Services