

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. Requests for information may be submitted by:

Fax (919) 715-6714, Attn: RIL

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

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.

**Section 1: Requesting Agency Information**

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

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

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

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

E-Mail Address: \_\_\_\_\_

Type of Agency:       Child Care Provider                       Child Caring Institution  
(check one)         Child Placing Agency                       County DSS  
                          Group Home Facility                       Guardian ad Litem  
                          Other Provider of Adoption               Other Provider of Foster Care  
                          Adoption Home Study                       Foster Parent Applicant

Agency License Number (if available): \_\_\_\_\_

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

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

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**Section II: Employee (E), Applicant (A), or Volunteer (V) Information**

E, A, or V's Full Name (Including MI): \_\_\_\_\_

E, A, or V's Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

E, A, or V's Social Security Number (last four digits only): \_\_\_\_ \_

E, A, or V's Gender: \_\_\_\_ Male \_\_\_\_ Female

Other names E, A, or V has used (maiden name, nicknames, former married names, 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.**

Name (print): \_\_\_\_\_

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

**Section III: North Carolina Division of Social Services Office Use Only**

Staff Initials

\_\_\_\_\_ Form submitted incomplete and returned without the RIL check completed.

\_\_\_\_\_ As of \_\_\_\_\_ (date), E, A, or V's name is NOT found on the RIL.

\_\_\_\_\_ As of \_\_\_\_\_ (date), A, A, or V's name found on the RIL.

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

Completed by:

Staff Name (print): \_\_\_\_\_

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