

**PRE-SERVICE WAIVER REQUEST FORM FOR STAFF WITH OUT-OF-STATE CHILD WELFARE EXPERIENCE**

**Instructions:** The purpose of this form is to determine your employee’s eligibility to be granted a waiver for pre-service training. The waiver would allow your employee to enroll in additional required courses that can be completed concurrently while carrying a case load in North Carolina. The NC Division of Social Services’ Staff Development Manager and/or Section Chief reserve the right to deny the waiver. Please answer every question thoroughly. Incomplete waiver forms will not be considered. Email completed form to Staff Development’s Registrar: Ms. Cynethia Escalante at [cynethia.escalante@dhhs.nc.gov](mailto:cynethia.escalante@dhhs.nc.gov).

Employee Full Name: \_\_\_\_\_ Hiring Date: \_\_\_\_\_  
 Employee Phone: \_\_\_\_\_ Employee Email: \_\_\_\_\_  
 County DSS Agency Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**Out of the State Child Welfare Experience**

- State(s) where the employee had previous child welfare experience:
- Work type(s) served in that state **and** total number of years in the work (check all that apply):
  - Child Welfare Caseworker: \_\_\_\_\_
  - Child Welfare Line Supervisor: \_\_\_\_\_
- Child welfare role(s) served in that state **and** total number of years in each role (check all that apply):
  - Adoptions: \_\_\_\_\_
  - CFT Facilitator: \_\_\_\_\_
  - CPS Assessments: \_\_\_\_\_
  - CPS In-Home: \_\_\_\_\_
  - CPS Intake: \_\_\_\_\_
  - CPS Occasional On-Call: \_\_\_\_\_
  - Family Support: \_\_\_\_\_
  - Family Preservation: \_\_\_\_\_
  - Foster Home Licensing: \_\_\_\_\_
  - Independent Living: \_\_\_\_\_
  - Permanency Planning: \_\_\_\_\_
  - Other (# of years & specify): \_\_\_\_\_
- Child welfare role employee will be filling in North Carolina (check all that apply):
  - Adoptions \_\_\_\_\_
  - CFT Facilitator \_\_\_\_\_
  - CPS Assessments \_\_\_\_\_
  - CPS In-Home \_\_\_\_\_
  - CPS Intake \_\_\_\_\_
  - CPS Occasional On-Call \_\_\_\_\_
  - Family Support \_\_\_\_\_
  - Family Preservation \_\_\_\_\_
  - Foster Home Licensing \_\_\_\_\_
  - Independent Living \_\_\_\_\_
  - Permanency Planning \_\_\_\_\_
  - Other (specify): \_\_\_\_\_
- I \_\_\_\_\_ affirm the information provided in this form is correct.  
**Supervisor’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For NC Division of Social Services Use Only	
<input type="checkbox"/> Pre-Service Waiver Granted <b>Next Step:</b> <b>Required:</b> Must complete online module “Returning to the North Carolina Child Welfare Workforce” within the first week of employee hiring date. (see box below to receive Pre-Service completed status on NCSWlearn.org)	<input type="checkbox"/> Pre-Service Waiver <b>NOT</b> Granted. <b>Next Step:</b> <b>Required:</b> Must complete the NC DSS’ Child Welfare Pre-Service Training via NCSWlearn.org
NC DSS Signature: _____ Date: _____	NC DSS Signature: _____ Date: _____

**IF Pre-Service Waiver was granted above by NC DSS,** must complete the section below in order to receive "Pre-Service Completed"

We affirm that \_\_\_\_\_ has successfully completed the online module “Returning to the North Carolina Child Welfare Workforce” on \_\_\_\_\_.

\_\_\_\_\_  
**Employee’s signature and date**

\_\_\_\_\_  
**Supervisor’s signature and date**

*Please e-mail signed form to Cynethia Escalante [Cynethia.escalante@dhhs.nc.gov](mailto:Cynethia.escalante@dhhs.nc.gov) to receive “Pre-Service completed.”*