



North Carolina Department of Health and Human Services Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
(919) 733-3055

December 3, 2004

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

Subject: New and Revised Adoption Forms

Attention: Adoption Supervisors

North Carolina General Statute 48-48-3-205 states that an agency must compile and provide written information on a child's background to adoptive parents. To assure that there is uniformity in the sharing of information with adoptive parents and between agencies involved in the placement of children, the Division through discussions with the Services to Children and Family Committee of NCACDSS has developed the following forms. Please begin using these forms to assure adherence to the statute.

- **Form DSS 5246, Information Sharing Acknowledgement**, documents the sharing of information with prospective adoptive parents by the child placing agency.
- **Form DSS-5247, Information Sharing Partnership Agreement**, documents the sharing of information with agencies that assist in the placement of a child.

Form DSS-5115, Adoption Assistance Payment Instruction, has been revised to simplify the reimbursement process and to reflect policy change which allows the \$2,400 vendor payment to be used for any combination of medical and/or non-medical services of treatment not covered by any medical insurance program. Please discard Forms DSS-5112 and DSS-5113, and the gummed identification labels as the revised DSS-5115 replaces the need for these.

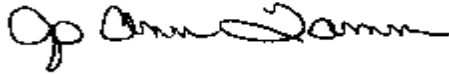
These new and revised forms, ICAMA forms and the Special Children Adoption Incentive Fund forms are now on line at <http://info.dhhs.state.nc.us/olm/forms/dss/>. Spanish translations for Forms DSS-5012, DSS-5013, DSS-5145, DSS-5146, DSS-5246, and DSS-5212 are now available.



Dear County Director of Social Services
December 03, 2004
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If you have questions, please contact Amelia Lance at Amelia.Lance@ncmail.net or (919)733-2580.

Sincerely,

A handwritten signature in black ink, appearing to read "Jo Ann Lamm". The signature is fluid and cursive, with the first name "Jo" being particularly prominent.

Jo Ann Lamm, Section Chief
Family Support and Child Welfare Section

JAL/al

Attachment

Cc: Pheon Beal
Sherry Bradshaw
Lakeitha Miller
Sarah Barham
Children's Program Representatives
Family Support and Child Welfare Service Team Leaders
Local Support Managers
Local Business Liaisons
Private Child Placing Agencies

FSCWSS-50-04

North Carolina Division of Social Services
INFORMATION SHARING ACKNOWLEDGEMENT

I/We _____ do hereby acknowledge receipt of
Name (s) of Adoptive Parent(s)
a written document that includes the following information from _____
County Department of Social Services regarding the adoption of _____
Name of Child

Check all applicable blocks

- All available non-identifying background information (*DSS-5102*).
- All available health related information (*DSS-5103*) about child and his/her biological family, including present state of physical and mental health, health and genetic histories and any history of emotional, physical, sexual or substance abuse.
- All available school, mental health, placements, current behavior and other information that impact his/her future and that of our family.
- Adoption Assistance Program eligibility.
- Other (*specify*) _____

- If information is not available, explain _____

I/We _____ have been provided sufficient
Name (s) of Adoptive Parent(s)
information to make the decision to adopt _____
Name of Child

_____ Signature of Adoptive Father	_____ Date
_____ Signature of Adoptive Mother	_____ Date
_____ Signature of Social Worker	_____ Date
_____ Signature of County Department of Social Services Director	_____ Date

DSS-5246 (12/04)
Family Support and Child Welfare Services



North Carolina Division of Social Services
INFORMATION SHARING PARTNERSHIP AGREEMENT

This agreement, made this _____ day of _____, _____ by and between _____ and _____
 _____ Sending Department of Social Services or Private Agency _____ Receiving Department of Social Services or Private Agency

provides a framework for information sharing between agencies that have responsibility to making decisions about the adoption of: _____
 Name(s) of child(ren)

PART I—Information on the Child(ren)	
Agency agrees to share the following information on the child(ren):	
<input type="checkbox"/> Placement History <input type="checkbox"/> Birth Certificate <input type="checkbox"/> All applicable court documents <input type="checkbox"/> Medical Reports, including immunization records <input type="checkbox"/> Psychological evaluation <input type="checkbox"/> Educational records, including IEP's if applicable <input type="checkbox"/> Photograph or video of child <input type="checkbox"/> Legal clearance documents <input type="checkbox"/> Child's Profile	<input type="checkbox"/> Mental Health record <input type="checkbox"/> Background information on the birthparents <input type="checkbox"/> Evaluation of the child's eligibility for adoption assistance <input type="checkbox"/> Current behavior <input type="checkbox"/> Developmental History <input type="checkbox"/> History of emotional, physical, mental, sexual or substance <input type="checkbox"/> Other: _____
_____ Social Worker's Signature	_____ Date
PART II- Information on Prospective Adoptive Parent	
Agency agrees to share the following information on the prospective adoptive family.	
<input type="checkbox"/> Preplacement Assessment <input type="checkbox"/> Copy of Foster Home License, if applicable <input type="checkbox"/> Photograph or video	<input type="checkbox"/> Psychological evaluation, if applicable <input type="checkbox"/> Other-- _____ _____
_____ Social Worker's Signature	_____ Date

The agencies hereby agree to exchange information, including confidential information for the necessary and proper recruitment of a family for the above child(ren). Except as provided by in this agreement, or by applicable law, the agencies will not disclose any information in their possession that was obtained from the other party and identified as confidential.

We, the undersigned, accept and agree to the foregoing Information Sharing Partnership Agreement.

Sending Agency Director /Designee's Signature _____ Date

Receiving Agency Director /Designee's Signature _____ Date

