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/](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.
If you have questions, please contact Amelia Lance at Amelia.Lance@ncmail.net or (919)733-2580.

Sincerely,

[Signature]

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

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

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)

<table>
<thead>
<tr>
<th>PART I—Information on the Child(ren)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency agrees to share the following information on the child(ren):</td>
<td></td>
</tr>
<tr>
<td>□ Placement History</td>
<td>□ Mental Health record</td>
</tr>
<tr>
<td>□ Birth Certificate</td>
<td>□ Background information on the birthparents</td>
</tr>
<tr>
<td>□ All applicable court documents</td>
<td>□ Evaluation of the child’s eligibility for adoption assistance</td>
</tr>
<tr>
<td>□ Medical Reports, including immunization records</td>
<td>□ Current behavior</td>
</tr>
<tr>
<td>□ Psychological evaluation</td>
<td>□ Developmental History</td>
</tr>
<tr>
<td>□ Educational records, including IEP’s if applicable</td>
<td>□ History of emotional, physical, mental, sexual or substance</td>
</tr>
<tr>
<td>□ Photograph or video of child</td>
<td>□ Other: ____________________________</td>
</tr>
<tr>
<td>□ Legal clearance documents</td>
<td></td>
</tr>
<tr>
<td>□ Child’s Profile</td>
<td></td>
</tr>
</tbody>
</table>

Social Worker’s Signature _______________ Date _______________

<table>
<thead>
<tr>
<th>PART II—Information on Prospective Adoptive Parent</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency agrees to share the following information on the prospective adoptive family.</td>
<td></td>
</tr>
<tr>
<td>□ Preplacement Assessment</td>
<td>□ Psychological evaluation, if applicable</td>
</tr>
<tr>
<td>□ Copy of Foster Home License, if applicable</td>
<td>□ Other-- ____________________________</td>
</tr>
<tr>
<td>□ Photograph or video</td>
<td></td>
</tr>
</tbody>
</table>

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.

__________________________________________________ Date _______________
Sending Agency Director /Designee’s Signature

__________________________________________________ Date _______________
Receiving Agency Director /Designee’s Signature

DSS-5247(12/04)
Family Support and Child Welfare Services

An Equal Opportunity/Affirmative Action Employer