

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Division of Social Services ■ Regulatory and Licensing Services**  
952 Old US Highway 70 ■ Black Mountain, North Carolina 28711

**INITIAL INQUIRY: CHILD PLACING AGENCY – ADOPTION**

**1. AGENCY NAME:** \_\_\_\_\_

- Name of the agency as filed with the Secretary of State. This is the name that will be printed on your license. Refer to this agency name in all documents.

**2. AGENCY SITE ADDRESS: (NO P.O. BOXES)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3. AGENCY CORRESPONDENCE MAILING ADDRESS:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

**4. NAME OF EXECUTIVE DIRECTOR:** \_\_\_\_\_

Email Address: \_\_\_\_\_

**5. NAME OF CONTACT PERSON:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**6. SIGNATURE OF LICENSEE OR PERSON WITH SIGNATORY AUTHORITY:** The undersigned, representing the governing authority, submits information for the above-named agency and certifies the accuracy of this information in accordance with 10A NCAC 70F & 70H.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**THIS INQUIRY MUST BE MAILED TO THE ABOVE ADDRESS AND MUST HAVE AN ORIGINAL SIGNATURE**

**7. Type of adoption services to be provided by your agency:** \_\_\_\_\_

\_\_\_\_\_

**8. MANAGEMENT COMPANY:** If agency is managed by a company *other than the licensee*, provide the following information about the Management Company:

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

Email Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**9. LEGAL IDENTITY OF LICENSEE:** Full legal name of individual, partnership, corporation, or other legal entity, which owns the agency business, is required. Owner/Licensee means any person/business entity (Corporation, LLC, etc.) that has legal or equitable title to or a majority interest in the agency. This entity is responsible for financial and contractual obligations of the business and will be recorded as the licensee on the license. ***Please be sure to write the name of the owner exactly the same on all documents.***

**(a) Name of Owner (Corporation, LLC, etc.):** \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**(b) Federal Tax ID Number of Owner/Licensee:** \_\_\_\_\_

**(c) Legal entity is:**  For Profit  Not for Profit

**(d) Legal entity is:**  Corporation  Partnership  Proprietorship  Government Unit

Limited Liability Company  Limited Liability Partnership  Limited Liability Corporation

Other (specify): \_\_\_\_\_

**(e) Articles of Incorporation from the Secretary of State attached:**  Yes  N/A

Certificate of Assumed Name filed with the Register of Deeds attached:  Yes  N/A

**(f) Name of Executive Director:** \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If the "licensee" is a corporation or partnership, list the name of the Executive Officer or General Partner.

**10. OWNERS, PARTNERS, AFFILIATES, SHAREHOLDERS:**

**Non-Profit Companies**

If **no** individual holds an interest of 5% or more please sign the statement below, thereby indicating this is a **non-profit group**.

There are <b>no owners, partners, affiliates or shareholders who hold an interest of 5% or more</b> of the licensee applying for a license:		
_____	_____	_____
Signature	Title	Date

**For-Profit Individuals or Companies**

Complete the information below on **all** individuals who are owners, partners or shareholders holding an interest of 5% or more of the licensee listed on page 2. **Attach** additional pages if necessary. If you are the only owner, complete the information below, listing the percentage interest as 100%.

Owner or Shareholder Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: _____	Social Security Number: _____	
Percentage interest in this agency: _____	Title: _____	

Owner or Shareholder Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: _____	Social Security Number: _____	
Percentage interest in this agency: _____	Title: _____	

Owner or Shareholder Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: _____	Social Security Number: _____	
Percentage interest in this agency: _____	Title: _____	

**11. OTHER STATUS:**

**(a)** Are any of the owners, partners or shareholders currently operating or have previously operated a Residential Child Care Facility (group home), Maternity Home, or Child Placing Agency in North Carolina or any other state?  Yes  No  
If yes, give names and addresses of the agencies and the dates of licensure. **Attach** additional pages if necessary.

Agency or Facility Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of licensure: \_\_\_\_\_

**(b)** If any of the owners, partners or shareholders are currently operating or previously operated a Residential Child Care Facility (group home), Maternity Home, or Child Placing Agency in another state, provide the information requested below for the licensing authority in that state:

Name of Licensing Authority: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**(c)** If any of the owners, partners or shareholders are currently operating or previously operated a Residential Child Care Facility (group home), Maternity Home, or Child Placing Agency in another state, a letter from the licensing authority in that state must be submitted advising of the agency or facilities standing. Letter **attached**:  Yes  N/A

**(d)** Have any of the owners, partners or shareholders been affiliated in any way with a licensed agency or facility that was assessed a penalty or had its license revoked, suspended or downgraded to provisional?  Yes  No If yes, please explain: \_\_\_\_\_

**12. EXECUTIVE DIRECTOR'S EDUCATIONAL EXPERIENCE\*:** **Attach** additional pages if necessary.

Name of College/University: _____
Degree Earned: _____ Dates of Attendance: _____

Name of College/University: _____
Degree Earned: _____ Dates of Attendance: _____

Certified college transcripts for the Executive Director **attached**:  Yes  No If no, please explain: \_\_\_\_\_

\*Minimum Education and Experience – The executive director shall meet the requirements of a Human Services Program Manager II as defined by the North Carolina Office of State Human Resources. A copy of these requirements can be found at the following web site: (<https://files.nc.gov/ncoshr/documents/class-specifications/Human-Services-Program-Manager-II.pdf>). The college or university degree shall be from a college or university listed at the time of the degree in the Higher Education Directory. This information can be obtained by calling Higher Education Publications, Inc. at 1-888-349-7715 or at: <http://www.hepinc.com>.

**13. EXECUTIVE DIRECTOR'S WORK EXPERIENCE:** Attach a resume which includes the names and addresses of employers, dates of employment, positions held and description of duties. Resume **attached**:  Yes

**14. EXECUTIVE DIRECTOR'S BACKGROUND:**

**(a)** Has the Executive Director ever been convicted of a crime other than minor traffic citations?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(b)** Does the Executive Director have a criminal, social or medical history that would adversely affect his/her capacity to work with children and adults?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(c)** Has the Executive Director ever had child protective services involvement resulting in the substantiation of child abuse or serious neglect?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(d)** Has the Executive Director ever abused or neglected a child, been a respondent in a juvenile court proceeding that resulted in the removal of a child, or had child protective services involvement that resulted in the removal of a child?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(e)** Has the Executive Director ever abused, neglected, or exploited a disabled adult?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(f)** Has the Executive Director ever committed an act of domestic violence upon another person?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(g)** Have criminal records been completed on the Executive Director in compliance with 10A NCAC 70F .0202 (c)?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(h)** If the agency does not have a governing body, submit results of criminal record checks, the North Carolina Sex Offender Registry check, the North Carolina Health Care Personnel Registry check, and the Responsible Individuals List check on the Executive Director in compliance with 10A NCAC 70F .0202 (c). Results **attached**?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(i)** Executive Director's Social Security Number: \_\_\_\_\_

Executive Director's Date of Birth: \_\_\_\_\_



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**18. ACCREDITATION STATUS:**

**Agency must be accredited for 3 years prior to licensure.**

Agency is accredited by:

- The Council on Accreditation [COA]
- The Commission of Accreditation and Rehabilitation Facilities [CARF]
- The Council on Quality and Leadership [CQL]
- The Joint Commission [TJC]
- Other \_\_\_\_\_

Date of initial accreditation: \_\_\_\_\_

Date of current accreditation: \_\_\_\_\_

**Attach proof of accreditation.**

**19. SUPPLEMENTAL INFORMATION:**

Administrative Rules for Child Placing Agencies for Adoption are found in North Carolina Administrative Code Chapter 10A, Subchapters 70F and 70H. These rules can be accessed at the following web site:

<http://reports.oah.state.nc.us/ncac.asp?folderName=%5CTitle%2010A%20-%20Health%20and%20Human%20Services%5CChapter%2070%20-%20Children%27s%20Services>

Please review these rules.

The Division of Social Services does not provide start-up funding for agencies.

**21. SUBMISSION OF INQUIRY:**

Mail this form, along with all requested attachments to:

North Carolina Division of Social Services  
Regulatory and Licensing Services  
952 Old US Highway 70  
Black Mountain, North Carolina 28711

Please note that this inquiry and *all* supporting documents must be fully completed before your agency can be considered for licensure.