

North Carolina Foster Care Placement Confirmation		
Part I – Completed by Parent or Social Worker		Part II to III– Completed by DSS Social Worker, Supervisor, or designee
I. Client	Student Name:	Student Date of Birth:
II. County	DSS Agency with Custody order:	Social Worker Name: Social Worker Phone:
	SIS or CNDS:	Case Number:
	Date student was placed in foster care with current placement:	NC Facility License ID <i>(Indicate n/a for Non Paid)</i> :
	DSS Confirmation Signature*:	Date of Signature:
III. Placement	Parent(s) names or Placement:	

****Section II must be signed by the Local County DSS designee for the foster care case.
The information submitted will be reviewed to verify current foster care status.***