

<b>North Carolina Foster Care Placement Confirmation</b>		
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.**