REQUEST FOR NC KIDS CHILD REGISTRATION EXEMPTION

REQUEST FOR EXEMPTION OF THE REQUIREMENT FOR REGISTRATION OF A CHILD LEGALLY FREE FOR ADOPTION MUST BE FORWARDED TO NC KIDS WITHIN 30 DAYS OF LEGAL CLEARANCE FOR ADOPTION.

Send REQUEST FOR NC KIDS CHILD REGISTRATION EXEMPTION to: NC Kids — NC Division of Social Services, 820 S. Boylan Ave, 2445 Mail Service Center, Raleigh, NC 27699-2445 OR 1-877-625-4374 (Toll-Free Fax)

Child's Name		DOB	SIS number	,
child in the custody of		County Department of	County Department of Social Services, for the following reason(s):	
	(a) Adoptive family already identified for the child (Approval valid for six months); Adoption Committee Date:			
	(b) Child needs diagnostic evaluation (Approval valid for six months, and no subsequent exemptions will be granted for this reason);			
	(c) Child is receiving mental health, medical treatment and it has been determined by a qualified professional that it is not in the child's best interest to pursue adoption at this time (Approval valid for six months- Must provide documentation from treating professional which includes reasons for recommendation).			
	(d) Other, specify			
	Remove from Adoptuskids.org (please check this box if the child has ever been on Adoptuskids.org)			
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	(a) Child was adopted (Please provide the following information):  Date of Decree:			
	Who	was the child adopted by? $\ \square$ F	oster Parent   Relative   Non Relative	ative □ Other
	Was	child placed in North Carolina? [	∃ Yes □ No	
	Was I	NC Kids a factor in identifying th	e adoptive family? ☐ Yes ☐ No	
	(b) Child's permanent plan has changed from adoption to:			
	(c) Child has reached age of maturity			
			orker must sign request for exemption.	~~~~~
Director	/Designee	Print Name	Date	
Child's S	Social Worker	Print Name	Date	
Social \	Social Worker's Phone Number		Fax Number	
		For State Office Us	se Only	
	otion has been 🗀 Appi	roved   Denied	Removed from AUK (init	tials)
Exemp				