

**Request for Placement Evaluation  
For Infant Born to an Incarcerated Mother  
(formerly Prison Baby Program)**

Date: \_\_\_\_\_ OPUS Number: \_\_\_\_\_

Name of the Inmate: \_\_\_\_\_ DOB: \_\_\_\_\_

County of Residence: \_\_\_\_\_ **Expected Delivery Date:** \_\_\_\_\_

Admission Date: \_\_\_\_\_ Length of Sentence: \_\_\_\_\_

Placement Resource: \_\_\_\_\_

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

City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

Kinship: \_\_\_\_\_ Employer: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

**Please Note:** A plan of care for the baby must be approved prior to the child's release from the hospital after birth. If a plan of care has not been approved, the DSS of the county of residence of the mother is responsible for providing an appropriate placement.

Please complete your assessment within thirty (30) days unless the expected delivery date noted above necessitates a quicker response. Upon completion, fax the completed assessment to NC Correctional Institution for Women at (919) 715-4335 or mail it to:

NC Correctional Institution for Women  
Social Work Department  
1034 Bragg Street  
Raleigh NC 27610

In the event that the proposed caretaker is unwilling or unsuitable, please contact the NCCIW Social Workers at (919)733-4340, extension 1601 or 1552, in order that they may work with the mother to develop an alternate plan. Please note that you must indicate on the assessment whether you approve or disapprove the placement with the requested relative. It is important to note that most of these placements are short term, depending upon the length of the mother's sentence.

If you have any questions about this request, please contact the Foster Care and Adoption Policy Team at (919)733-9465 or the NCCIW Social Workers at (919)733-4340, extension 1601 or 1552.