

North Carolina Division of Social Services
INFORMATION SHARING PARTNERSHIP AGREEMENT

This agreement, made this _____ day of _____, _____ by and between

_____ and _____
 Sending Department of Social Services or Private Agency Receiving Department of Social Services or Private Agency

provides a framework for information sharing between agencies that have responsibility to making decisions about the adoption of:

_____ Name(s) of child(ren)

PART I—Information on the Child(ren)	
Agency agrees to share the following information on the child(ren):	
<input type="checkbox"/> Placement History <input type="checkbox"/> Birth Certificate <input type="checkbox"/> All applicable court documents <input type="checkbox"/> Medical Reports, including immunization records <input type="checkbox"/> Psychological evaluation <input type="checkbox"/> Educational records, including IEP's if applicable <input type="checkbox"/> Photograph or video of child <input type="checkbox"/> Legal clearance documents <input type="checkbox"/> Child's Profile	<input type="checkbox"/> Mental Health record <input type="checkbox"/> Background information on the birthparents <input type="checkbox"/> Evaluation of the child's eligibility for adoption assistance <input type="checkbox"/> Current behavior <input type="checkbox"/> Developmental History <input type="checkbox"/> History of emotional, physical, mental , sexual or substance <input type="checkbox"/> Other: _____
_____ Social Worker's Signature	_____ Date
PART II- Information on Prospective Adoptive Parent	
Agency agrees to share the following information on the prospective adoptive family.	
<input type="checkbox"/> Preplacement Assessment <input type="checkbox"/> Copy of Foster Home License, if applicable <input type="checkbox"/> Photograph or video	<input type="checkbox"/> Psychological evaluation, if applicable <input type="checkbox"/> Other-- _____ _____ _____
_____ Social Worker's Signature	_____ Date

The agencies hereby agree to exchange information, including confidential information for the necessary and proper recruitment of a family for the above child(ren). Except as provided by in this agreement, or by applicable law, the agencies will not disclose any information in their possession that was obtained from the other party and identified as confidential.

We, the undersigned, accept and agree to the foregoing Information Sharing Partnership Agreement.

Sending Agency Director /Designee's Signature _____
Date

Receiving Agency Director /Designee's Signature _____
Date