

DHHS CRIMINAL RECORD CHECK UNIT FINAL DECISION NOTIFICATION

This form is to be completed by the authorized agency making a final decision on an applicant who has been found to have a record on the criminal history report completed by the North Carolina State Bureau of Investigation and the Federal Bureau of Investigation. A separate form should be completed for each applicant reviewed.

Applicant Name: _____

Applicant Social Security Number: _____

Type of Applicant: *(check one)* ☐ Adoptive Parent

☐ Foster Parent

Reviewing Agency: *(check one)* ☐ County DSS *(Specify County)* _____

☐ Black Mountain

Decision: *(check one)* ☐ Qualified with record

☐ Disqualified *(due to criminal history)*

☐ Disqualified *(other)*

Letter Date: _____

Submitted By: _____
(Authorized Agency Representative)