



NCWCIA Service Request Form

The following service request form will be available on the National Child Welfare Center for Innovation and Advancement platform and will be completed by jurisdictions requesting our services.

Thank you for your interest in the National Child Welfare Center for Innovation and Advancement (NCWCIA). We partner with public child welfare agencies to provide data-driven assistance, resources, and innovative strategies to improve safety, permanency, and well-being outcomes for children and families. To reduce burden, the request process should take no more than 5 minutes to complete. The information provided will be used solely by NCWCIA to inform the resources and/or services needed.

A member of our staff will respond to your request within 2 business days.

If you have any questions, including those you might have while completing the form, please contact us at NCWCIA-Info@jbsinternational.com. If you are interested in joining a Peer Innovation and Insight Networking Group (PIING), please complete the membership request form.

Contact Information

First and last name

Email

Phone number

Jurisdiction (State or Territory) *(Select from the drop-down menu)*

Organization

Position/title

Are you making this request on behalf of someone else?

☐ Yes

☐ No

information is estimated to average 5 minutes, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2028. If you have any comments on this collection of information, please contact *Beth Claxon, ACF, Administration on Children, Youth, and Families* by e-mail at Beth.Claxon@acf.hhs.gov.



[If Yes] If you are answering on behalf of someone else, please enter their contact information:

Primary Contact Information

First and last name

Email

Position/title

What is the reason for your request? I am requesting:

(Select all that apply)

- ☐ More information about NCWCIA
- ☐ Resources
- ☐ Technical assistance (e.g., tailored data-driven assistance, individualized peer-to-peer connection)

Please provide additional information about the reason for your request—for example, the type of technical assistance you're interested in, what resources you would like to receive, etc.

How did you hear about us?

(select all that apply)

- ☐ Previous work with NCWCIA
- ☐ Another jurisdiction
- ☐ Regional Office
- ☐ Another CB-funded entity



☐ Other: [open text]

Thank you!

We look forward to identifying how we can work together
on behalf of children and families.

Jurisdiction Drop-Down

Not applicable	Nevada
Alabama	New Hampshire
Alaska	New Jersey
American Samoa	New Mexico
Arizona	New York
Arkansas	North Carolina
California	North Dakota
Colorado	Ohio
Commonwealth of the Northern Mariana Islands	Oklahoma
Connecticut	Oregon
Delaware	Pennsylvania
District of Columbia	Puerto Rico
Florida	Rhode Island
Georgia	South Carolina
Guam	South Dakota
Hawaii	Tennessee
Idaho	Texas
Illinois	Utah
Indiana	Vermont
Iowa	Virginia
Kansas	Washington
Kentucky	West Virginia
Louisiana	Wisconsin
Maine	Wyoming



NATIONAL
CHILD WELFARE CENTER
for INNOVATION and ADVANCEMENT

Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska