OMB Control Number: 0970-0531
Expiration Date: 09/30/2028

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
Alabama
Alaska
American Samoa
Arizona
Arkansas
California
Colorado
Commonwealth of the Northern Mariana Islands
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska