

**South Carolina Department of Social Services**  
**LICENSED PROFESSIONAL'S STATEMENT**

Please acknowledge below that you have received the educational material regarding the Multiethnic Placement Act of 1994, 42 U.S.C. 622(b)(9), 671(a)(18), 674(d) and 1996(b) (hereinafter "MEPA") and Title VI of the Civil Rights Act of 1994, 42 U.S.C. 2000d, et seq as it applies to the foster care and adoption process (hereinafter "Title VI").

**By signing below I affirm that:**

The South Carolina Department of Social Services (SCDSS) has provided me with the DSS 2533 "MEPA Educational Materials" regarding MEPA and Title VI.

I am aware of the opportunity to obtain technical assistance regarding the SCDSS Plan Monitor, if requested.

I am not an employee of DSS.

Licensed Professional's Name: (Please print) \_\_\_\_\_

Title: \_\_\_\_\_

Licensed Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

Name of Agency or Business: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**To Be Completed by the Department of Social Services**

County/Regional Office: \_\_\_\_\_

Date Received: \_\_\_\_\_

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

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This acknowledgement form must be completed and signed by the licensed professional, and a copy of this completed and signed acknowledgement, along with the licensed professional's assessment, must be provided to the county/regional DSS office that requested the assessment. The county/regional office will forward these materials to the DSS MEPA coordinator in the state office.