NORTH CAROLINA 'Best Interest Determination' Meeting Override For children in the custody of a NC County Child Welfare Agency when a BID meeting is

waived upon Agency Director approval

County:	c	ase Number:	
Child Information			
Child's Name:			
Age:	DOB:	Sex:	
County Child Welfare Ag	ency:		
County Child Welfare Ag	ency Contact Name:		
Email:	Phone:	Fax:	
Care Provider Name:		Phone:	
Care Provider Address:			
Type of Care Provider:	☐ Family Foster Home ☐ Therapeutic Foster Home	☐ Relative/Kinship Home ☐ Facility #	
Child's Placement is:	☐ Within School of Origin Transportation Zone	☐ Not within School of Origin Transportation Zone	Unknown
Check one:			
Date of Custody:	Date of Place	ement/Plan Change (if different):	
Director approves override of Best Interest Determination Meeting due to:			
☐ Safety Threat. Provide description:			
☐ Child's Need (immediate medical, mental health need). Provide description:			
☐ Child's Best Interest/Other. Provide description:			
Make sure that the description provided above includes justification for waiving BID. ES meeting must occur.			
This document must be maintained in the case file of child as record of a school change where no Best Interest Determination meet was held and Director approval was obtained. Signatures are REQUIRED			
County Child Welfare Social Worker signature Date			

Date

County Child Welfare Director/Designee signature