

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Child Information

Date of Notification:

Child's Name:

Age:

DOB:

Sex:

County Child Welfare Agency:

County Child Welfare Agency Contact:

Phone:

Fax:

Email:

Foster Care Provider Name:

Phone:

Foster Care Provider Address:

Type of Foster Care Provider: Family Foster Home Relative/Kinship Home Therapeutic Home Facility # _____

Foster Care Placement: Within School of Origin Transportation Not within School of Origin Transportation Unknown

Check one: Initial Foster Care Placement Foster Care Placement Change Exiting Foster Care

Date of Non-secure Custody:

Date of Placement/Plan Change (if different):

Medical Provider:

Phone:

Medical Provider Address:

Special safety concerns or special conditions, medications, or allergies (attach additional pages as needed):

This document provides all information required for the county child welfare agency to notify the school principal and/or school superintendent that a child is in the non-secure custody of the county child welfare agency and/or there has been a foster care placement provider change.

County Child Welfare Social Worker signature

Date

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Release of Information

I, _____, as legal custodian/guardian of
_____, hereby authorize _____, their
Child's name Schools, medical providers, etc.
agents and employees in possession of this child's _____ records to release such information to
Educational, medical, etc.
the _____ County Child Welfare Agency.

Legal Custodian/Guardian Signature

Date

A copy of the court order was provided with this form.

When a local child welfare agency has legal responsibility (nonsecure custody) for the care of a child, parental consent is not required to access to educational records. The county child welfare agency is entitled to all educational records through the Uninterrupted Scholars Act ([Public Law 112-278](#)). Educational records include, but are not limited to:

- Educational records (report cards, progress reports, attendance records, achievement data)
- IEP or 504 plan
- Disciplinary referrals
- Health reports/records
- Other behavioral records
- Special activities participation (sports, clubs, tutoring services, community events)

The county child welfare agency shall coordinate with the county school representative to ensure that the child in foster care is appropriately enrolled with all educational records provided ([Fostering Connections to Success and Increasing Adoptions Act of 2008 \(P.L. 110-351\)](#); [Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)).

Best Interest Determination Meeting (for Educational Stability)

A Best Interest Determination Meeting (BID) must be held within three days of child's placement if it did not occur prior to child's initial foster care placement or foster care placement change.

The only exception is when the child's foster care placement is a) within the existing transportation system for the current school he or she attends and b) there is no intent to change the child's school assignment. In those cases, the BID Meeting must be held within 30 days of the child's placement.

The Best Interest Determination Meeting has been scheduled at the following time and place:

Date: _____ Time: _____ Location: _____

The purpose of the BID meeting is to ensure each child has the appropriate services to meet his or her educational, social, transportation, and other needs. The county child welfare agency social worker must invite, prepare as needed, and/or represent the child, parents, and court partners (GAL, etc.) for the meeting. The local educational agency point of contact is responsible to invite and/or represent the teachers, coaches, IEP services, transportation services, or any other educational service for the meeting.

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Child Information

**THIS PAGE FOR
INTERNAL COUNTY AGENCY USE ONLY**

Date:

Child's Name:

Age:

DOB:

Sex:

Child's
Permanent Plan

Reunification

Adoption

Other _____

Is this notification due to a change
in permanency? Yes No

Previous Medical Provider:

Phone:

New Medical Provider:

Phone:

New Medical Provider Address:

Medicaid Number:

Special safety concerns or special conditions, medications, or allergies (attach additional pages as needed):