

**I. Identifying Information:**

Note: As used in this form, depending on the context, the term “child” may also mean “children” when the BIS is for a set of siblings.

Child(ren) Name(s):	
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Date(s) of Birth	
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Date of BIS:		CWCMP:		Facilitator:	
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Note: If this is a request to waive the BIS, skip to section V.

**II. Child's Information:**

Strengths:
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Special needs (emotional, mental, educational, physical, etc.):
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Child's level of participation in the BIS. If the youth is age 14 or older, he/she shall be provided an opportunity to attend and/or provide input.
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Child's preparation for adoption:
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**III. Adoptive Parent(s) Information:**

Attachment of child to each family:

History of sexual, physical, emotional, or substance abuse and any criminal history on the part of any family member:

Ages and health of proposed adoptive parents:

Siblings in the household (either biological or adoptive):

Family's motivation for wanting to adopt:

Potential permanence of the relationship between the child and the proposed adoptive parents:  
(Describe how the family is prepared to make a life-long commitment)

What are the parenting skills, strengths, and areas of concern of the proposed adoptive parents:

Has the family had the opportunity to advocate for this child or others?

Is the family able to meet the financial needs of the household?

**IV. Additional Factors to be Considered:**

Proposed adoptive family's plan for future contact with the child's siblings and/or other appropriate family members:

Proposed adoptive family's plan if they are no longer able to care for the child:

If proposed adoptive parents are relatives or foster parents, describe how that impacts (positively/negatively) the adoption of the child(ren):

**V. Request to Waive the BIS** (Complete this section and skip to Section IX. All must be met to waive the BIS).

☐ The child is legally free for adoption.

Parent 1 date of PRT/Relinquishment \_\_\_\_

Parent 2 date of PRT/Relinquishment \_\_\_\_

☐ The child is placed with an identified adoptive resource who is a relative, non-related kin or foster family.

Name: \_\_\_\_

☐ The child has been placed with the one identified resource for a minimum of 6 consecutive months with no disruptions; Date of placement \_\_\_\_

☐ If the child is not placed with a relative, concerted efforts to identify, locate and evaluate maternal and paternal relatives as adoptive resources have been documented, and all are ruled out. List efforts and relatives ruled out:

**VI. Invitees/Participants in BIS:**

Title	Name
CWCMP Case Manager:	
Party Who Knows the Child Well (Include Title)	

**Best Interest Staffing (BIS) Report and Approval**  
(See Instructions for Completion)


**VII. Rationale and Basis for Selection of Family:** Explain why this family is in the child's best interest, and if the child is 14 or older, how they feel about being adopted by this family.

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**VIII. Information Required to be Provided:**

Family Assessment and Preparation Study (PPS 5318), Child Social History (PPS 3114), approved Sibling Separation in Permanency Request (PPS 5147), if applicable.

Have all necessary journal entries of PRT been filed?	Yes    No <input type="checkbox"/> <input type="checkbox"/>
Have all relinquishments been approved and accepted by the secretary?	Yes    No <input type="checkbox"/> <input type="checkbox"/>

**IX. CWCMP Program Director (or Designee) Approval:**

I, \_\_\_\_\_, CWCMP Program Director or Designee, have reviewed the selection of the Best Interest Staffing team with \_\_\_\_\_ being the adoptive resource for \_\_\_\_\_.

☐ I approve this selection as the adoptive resource.

☐ I do not approve this as the adoptive resource.

Explanation for decision:

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\_\_\_\_\_  
Signature of Program Director or Designee

\_\_\_\_\_  
Date

**X. New Information and Discussion (Subsequent-BIS Meeting):**

Decision of BIS Team Based on New Information:

- ☐ BIS Decision Stands  
☐ BIS Team no longer recommends selected family as the adoptive resource.

\_\_\_\_\_  
Date

**XI. CWCMP Program Director (or Designee) Authorization for Subsequent BIS Meeting:**

I, \_\_\_\_\_, CWCMP Program Director or Designee, have reviewed the selection of the Best Interest Staffing team with \_\_\_\_\_ being

- ☐ affirmed as the adoptive resource for \_\_\_\_\_  
☐ Unselected as the adoptive resource for \_\_\_\_\_.

- ☐ I approve the decision of the BIS Team.  
☐ I do not approve the decision of the BIS Team.

Explanation for decision:

\_\_\_\_\_  
Signature of Program Director or Designee

\_\_\_\_\_  
Date

