



Tennessee Department of Children's Services
Contact Sheets for Genogram

Child Name:	Travis Collins	DOB:	5/4
Initiated by:		Date:	

Genogram

Parent Relationship	Name	Phone	Address	Diligent Search Searching, Notified, or N/A	Comments (Include dates of Marriages and Divorces)		
Birth Mother	Marilyn Steward	615-564-8785	416 Rambling Road Your City TN 37954				
Birth Father	Richard Collins	276-547-2341	894 Summer Circle Bovine VA 22193				
Legal Parent							
Putative Father							
Other Parent							
Family Relationship	Name	Phone	Address	Diligent Search Searching, Notified, or N/A	Placement Option? Permanent, Temporary, or Not Option	Barrier Code	Comments
Step Mother							
Step Father							
Paramour							
Maternal Grandmother	Grace Wilson		1212 Lincoln Rd Polk, TN 37546				
Maternal Grandfather	Phillip Wilson		5609 Warden Gate Hilton, TN 37546				
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Cousin							

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Maternal Cousin							
Paternal Grandmother							
Paternal Grandfather							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Cousin							
Paternal Cousin							
Adult Sibling							
Adult Sibling							
Sibling's Parents							
Other Relatives	Evelyn Wilson		5609 Warden Gate Hilton, TN 37546				Maternal Step-grandmoteher

Barrier	Code	Barrier	Code	Barrier	Code
Removal Home/Failure to Protect	1	Failed Expedited Study (Policy 16.20)	9	Lives Out of State/Country	17
Domestic Violence	2	Inadequate Finances, Space, Housing	10	Undocumented Immigrant	18
Alleged Child Perpetrator	3	Lack of Transportation	11	Deported	19
Verified/Reported Sexual Offender	4	Serious Health/Mental Health Issue	12	Incarcerated	20
Failed Background Checks	5	Unable to Provide Adequate Supervision	13	Unable to Locate	21
Unwaivable DCS/Criminal History	6	Under Age 18	14	Deceased	22
Court Order Restriction or Violation	7	Waivable DCS/Criminal History	15	Resource Unwilling	23
Failed Drug Screen/Abuse/Addiction	8	No Significant Relationship to Child	16	Other: Specify	24

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Community Support	Name/Agency	Phone	Address	Contacts/Important People to child/youth/family	Dates Attended/Services Delivered
Neighbors					
Neighbors					
Neighbors					
Neighbors					
School Personnel					
School Personnel					

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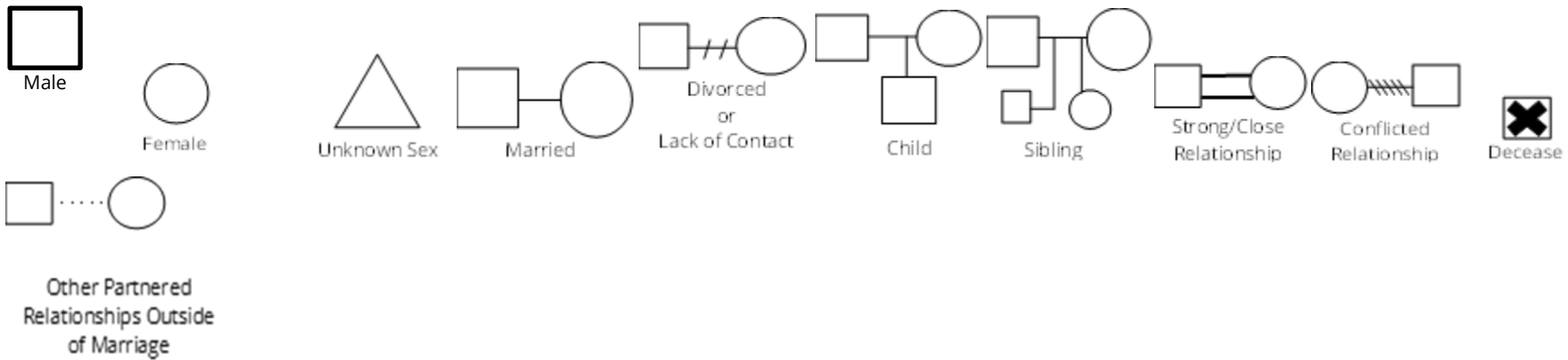
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Others					
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Genogram Drawing (Optional)



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