



Tennessee Department of Children's Services  
**Custodial Expedited Placement Assessment Summary**

Expedited Relative/Kin     Expedited DIDD     ICPC     ICPC Border Agreement

Child(ren) To Be Placed			
<b>County:</b>	Davidson		
Name	DOB	Social Security Number	Relationship to Caregiver
Michael Collins	6/27/2023	663 - 23 - 1233	Grandson
		- -	
		- -	
		- -	
Dates of telephone contact:    *Enter dates of Phone calls		Dates of Home Visits:    *Enter dates of visits	
_____		_____	
<b>Proposed Caretaker/Spouse</b>			
Name	DOB	Social Security Number	Telephone Numbers
Phillip Wilson	2/17/1963	125 - 00 - 8726	<b>work</b> ( ) -
<b>Address:</b> 5609 Warden Gate Hilton, TN 37546 <b>County:</b> Davidson			<b>home</b> ( ) -
			<b>cell</b> (615) 999 - 5706
			<b>E-Mail</b> phillip.w74@yahoo.com
<b>Marital Status:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> Sep. <input type="checkbox"/> D <input type="checkbox"/> W		<b>Number of Adults in Home:</b> 2	
Spouse (if applicable): Evelyn Wilson			
Employer's Name and Address: Wilson Auto Body 155 Lake Rd Hilton, TN 37546			
Employer's Telephone: (615) 895 - 6632			
E-Mail		cell ( ) -	
<b>Income Must Be Verified</b>			
Household Income: \$72,000		<input checked="" type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	
Head of Household: Phillip Wilson (Name on rent receipts, utility bills, etc.)			
If placement is approved, what will be the <u>total</u> number of children in the home under 18 years old? (Waiver required if more than 6.)			
1			
Head of household's relationship to proposed caretaker: Self		Length of relationship (if not marital): NA	



Relationship of proposed caretaker to child(ren): Grandfather
Reason for wanting to care for this/these child(ren): Michael is the biological grandson of Phillip. Phillip and Evelyn report that they "Love Michael" and want to give him a stable home where he can stay in his same school. They report that Michael already comes there after school to work on cars with Phillip and that they have a bonded relationship.
How did the prospective caregiver hear about the child(ren)'s situation? The Wilson family lives on the same street at the children and their mother. They report that they learned of this situation both through their daughter and DCS.
What is the proposed caregiver's understanding of the situation that caused this request? Mr. Wilson believes that Marilyn has never been able to manage the behavior of any of her children. He states that Marilyn's mother was confrontational and that her primary method of disciplining their children was yelling at them. He stated that he is frustrated that his daughter "allowed" Andrew to hurt his brother, stating she should have been paying closer attention to the boys.
How will the proposed caregiver protect the child(ren) from the offender? (For CPS Cases) NA
What is the proposed caregiver's willingness to provide care? (Time-limited?) (Open-ended?) The family reports that they can provide care for "As long as it takes."
What are the proposed caregiver's child care plans? The family is able to continue having Michael take the bus to their house after school.
Has the proposed caregiver agreed to and signed the DCS discipline policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What forms of discipline does the caretaker plan to use?
Is the present household income adequate to meet the child(ren)'s needs? Yes, no concerns.
Is the proposed caregiver willing/able to care for the child(ren) without financial help? Yes
Is the prospective caregiver willing to accept/apply for social service funds for which they may be eligible (i.e., Families First, TANF, AFDC, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the prospective caregiver expect to request Foster Care benefits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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Is the prospective caregiver willing to complete the steps necessary for certification as a foster parent within the required time frame to receive available Foster Care benefits?  Yes  No

**Special Needs**

Briefly describe the prospective caregiver's ability to meet the child(ren)'s special needs (i.e., social, educational, emotional):

The family reports that they will continue to help Michael with his homework, as he has goals of getting good grades and going to college. They will continue to help him work on cars, as it is a hobby Michael and Phillip enjoy doing together.

**Other Adults in Household**

*(List separately/use additional sheet to list household members if needed)*

Name: Evelyn Wilson	DOB: 1/20/63	Name:	DOB:
Relationship to proposed caretaker: Wife		Relationship to proposed caretaker:	
Relationship to child to be placed: Grandmother		Relationship to child to be placed:	
Attitude towards placement: Positive		Attitude towards placement:	

**Other Children in Household**

*(List separately/use additional sheet to list additional household members if needed)*

Name:	DOB:	Name:	DOB:
Relationship to proposed caretaker:		Relationship to proposed caretaker:	
Relationship to child to be placed:		Relationship to child to be placed:	
Attitude towards placement:		Attitude towards placement:	
Name:	DOB:	Name:	DOB:
Relationship to proposed caretaker:		Relationship to proposed caretaker:	
Relationship to child to be placed:		Relationship to child to be placed:	
Attitude towards placement:		Attitude towards placement:	

School progress/problems:

Previous contacts with Public/Social Service Agencies:  
No Previous Contacts.

### Criminal History Checks

***Criminal checks are to be completed for all household members age 18 years or older. Search outcomes are recorded in the following section, Attach search results and form CS-0687 Background Check History and IV-E Eligibility Checklist for each adult.***

#### Criminal Police Record Results

*(This check should be completed in each county where the prospective caregiver has resided for the last six months):*  
No Record Found. Search attached.

#### DCS Child Abuse and Neglect Database Search:

No Record Found. Search attached.

#### National Sexual Offender Registry:

No Record Found. Search attached.

#### Department of Health Vulnerable Persons Check:

No Record Found. Search attached.

Are all the adult household members willing to be fingerprinted?  Yes  No

### Health

Has the proposed caretaker and other household members stated that they are in basic, good health and free of communicable diseases?  Yes  No

Are the members of the home willing to complete a physical examination?  Yes  No

Are the caregivers willing to complete a medical form from all treating medical providers including mental health or prescribing specialist?  Yes  No

List current prescription medications by any member of the home. | None

Has anyone in the home received mental health services including counseling, hospitalization, and/or medication management?  Yes  No If so, provide dates and treatment received.

Does anyone in the household smoke or vape?  Yes  No If yes, are they willing to not smoke in the home while the children are placed in their care?  Yes  No

Does anyone in the household have a history of alcohol or drug abuse?  Yes  No If so, discuss use frequency, treatment and impact on parenting.

Are all household members willing to receive an annual flu shot to care for children under 18 months old or have special health care needs?

Yes  No

Are all household members willing to receive an annual Pertussis shot to care for children under 18 months old or have special health care needs?

Yes  No

### Home and Community

Briefly describe the adequacy of space:

The home is average in size and is uncluttered. You enter the home into the Living room area. To the left of the living room is a kitchen. The kitchen has modern appliances and a dining room table. Off the other end of the living room is a hallway with two bedrooms. One bedroom, which will be used for Michael, has a bed, dresser, and television. There is a bathroom in the hallway with a shower and toilet. There is a second bathroom attached to the master bedroom.

Will the child(ren) have his/her own bed?  Yes  No      Adequate closet space?  Yes  No

Will the child(ren) share a bedroom?  Yes  No *(if yes, list name[s], DOB and gender below)*

Name	DOB	Gender

Are there adequate water supply and toilet facilities in the home?

Yes

Briefly describe the general housekeeping standards of the prospective caregiver:

The home appears clean and free of clutter.

Were any potential hazards, safety problems observed/viewed (please specify):

None observed.

Are there any weapons in the home?  Yes  No

If so, are the weapons stored according to policy?  Yes  No  N/A

Does the home have a fire extinguisher?  Yes  No

Does the home have a working smoke detector?  Yes  No

Does the home have a working telephone?  Yes  No

If placement is allowed, can the item(s) be obtained prior to placement, if not present?  Yes  No  N/A

Briefly describe the prospective caregiver's neighborhood:

The home is in a suburban neighborhood. The neighborhood has reported low crime rates.

What is the proximity to schools, medical services, etc.?  
The home is in close proximity to schools, doctors offices and hospitals.

**Area Of Concern**  
*(as determined by the summary author)*

Were any potential problems observed or anticipated regarding this placement? (explain)  
No concerns noted.

**Case Plan From Sending State**  
*(For ICPC Cases Only)*

Is the submitted case plan suitable/adequate for this proposed placement?  Yes  No  
*(if no, explain below)*  
NA

Do you have any recommended changes in the case plan or goal?  
NA

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency?  
NA

Financial/Medical Plan from Sending State: is it adequate for this child?  Yes  No  
*(if no, explain below)*  
NA

**Assessment Narrative**

Discuss any areas which cannot be addressed by this abbreviated study. Please elaborate on any area which needs clarification.  
The family has cell phones, but not a house phone at this time.

Worker's Recommendations: Approval: Yes  No

<b>Signatures</b>	
<i>Signatures indicate agreement with the Author's recommendation of approval or denial.</i>	
Name: FSW Name Here	Name: Sally Supervisor TL
<b>Author</b>	<b>Team Leader - optional</b>
Signature: FSW Signature Here	Signature: Team Leader Signature Here
Date: 0/21/XX	Date: 0/21/XX
Telephone Number: (615) 555 - 1212	Telephone Number: (615) 555 - 1213
Name:	Name:
<b>Team Coordinator - optional</b>	<b>Regional Administrator/designee - required</b>
Signature: Team Coordinator Signature Here	Signature: RA Signature Here
Date: 0/21/XX	Date: 0/21/XX
Telephone Number: (615) 555 - 1214	Telephone Number: (615) 555 - 1215
Please list conditions, if any, for placement to occur:	
<b>References</b>	
Name: Tommy Bullard	Made Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Positive
Address: 176 Taylor Rd	<input type="checkbox"/> Negative ( <i>explain</i> ):
City: Hilton      State: TN      Zip: 37656	
Telephone:    (home) (615) 870 - 6504 (work) (   ) -	
Relationship to applicant: Co-worker	
Length of time known: 5	
Name: Betty Field	Made Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Positive
Address: 780 Hellowind Rd	<input type="checkbox"/> Negative ( <i>explain</i> ):
City: Hilton, TN 37656	
Telephone:    (home) (615) 754 - 1107	

(work) ( ) -	
Relationship to applicant: Friend of Evelyn	
Length of time known: 22 years	

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