



Tennessee Department of Children's Services

Custody Intake Packet

Complete the information below so that the information populates to all the other forms in the packet. (The information in the forms will not be visible until you print initially or look at print preview after all subsequent changes.)

Signature Dates

Childs First Name Travis

Childs Middle Name

Childs Last Name **Collins**

Childs Social **213-74-6398**

Childs Date of Birth **5/4**

Childs Age **16**

Childs Gender Male

Childs Custody Date

Childs Race White

Childs Person ID

Childs Place of Birth

Case Supervisor

Childs Assigned FSW New Hire

Interviewer

Childs School Grand High School

School City/State

Childs Grade Level 11

Childs Mental Health Diagnosis Depression

Childs Physical Health Issues

Childs Medications Lexapro

Childs Allergies None

Childs Allergic Reactions None

Childs Disabilities

Childs Past Mental Health Providers	
Childs Current Mental Health Provider	New Life Counseling
Childs Health Insurance	
Childs Language	
Committing County	Davidson
Childs Adjudication	
DCS County Office Phone	
DCS Office Address	
DCS Office City State Zip	
DCS Region	Davidson
Mothers First Name	Marilyn
Mothers Middle Name	
Mothers Last Name	Steward
Mothers Street Address	416 Rambling Road
Mothers City	Your City
Mothers State	TN
Mothers Zip Code	37954
Mothers Social	415-77-6543
Mothers Employer	Smythe Home Health Services
Employers Street Address	5414 Wego Lane
Mothers Employers City	Hartford
Mothers Employers State	TN
Mothers Employers Zip	37954
Mothers Phone	615-564-8785
Mothers DOB	3/20/1981
Mothers Maiden Name	
Fathers First Name	Richard
Fathers Middle Name	
Fathers Last Name	Collins
Fathers Street address	894 Summer Circle

Fathers City	Bovine
Fathers State	VA
Fathers Zip Code	22193
Fathers Social	406-95-1234
Fathers Phone	276-547-2341
Fathers DOB	9/27/1980
Fathers Employer	Parker
Fathers Employer Address	411 High Street
Fathers Employer City	Haggerty
Fathers Employer State	VA
Fathers Employer Zip	23464

Custodian #1s Information if not the parent or the Parent themselves (PRIMARY CUSTODIAN)

Custodians First Name

Custodians Middle Name

Custodians Last Name

Relationship to the foster child

Custodians Removal Street Address

Custodians City

Custodians State

Custodians Zip

Custodians Social

Custodians Birth Date

Custodians Birth Place

Custodians Phone

Custodian #2s information if not the parent (SECONDARY CUSTODIAN)

Custodians First Name

Custodians Middle Name

Custodians Last Name

Custodians Street Address

Custodians City

Custodians State

Custodians Zip

Custodians Social

Custodians Birth Date

Custodians Birth Place

Custodians Phone

1st Sibling In The Home

Sibling 1 First Name Michael

Sibling 1 Middle Name

Sibling 1 Last Name Collins

Sibling 1 Birth Date 6/27

Sibling 1 Birth Place

Sibling 1 Social

2nd Sibling in the Home

Sibling 2 First Name

Sibling 2 Middle Name

Sibling 2 Last Name

Sibling 2 Birth Date

Sibling 2 Birth Place

Sibling 2 Social

3rd Sibling in the Home

Sibling 3 First Name

Sibling 3 Middle Name

Sibling 3 Last Name

Sibling 3 Birth Date

Sibling 3 Birth Place

Sibling 3 Social

4th Sibling in the Home

Sibling 4 First Name

Sibling 4 Middle Name

Sibling 4 Last Name

Sibling 4 Birth Date

Sibling 4 Birth Place

Sibling 4 Social



Tennessee Department of Children's Services
Initial Intake, Placement and Well-Being Information and History

Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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Initiated By: _____ Title: FSW Date: _____

Revised By: _____ Title: _____ Date: _____

Person Providing Information to DCS: _____ Relationship to Child/Youth: _____

Current insurance coverage Yes No Unknown **If yes, provide details:** _____

Child/Youth Information

Name of Child/Youth:	Travis Collins	E-mail Address:		SSN:	213-74-6398
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DOB:	5/4	Sex:	Male	Race:	White	Hispanic:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	U.S. Citizen:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Provide Birth Certificate Verification
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Is Child/Youth of Native American Descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine	If "Yes" Tribal Affiliation	
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Child/Youth's Marital Status (check one)	<input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated
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Has Youth been placed in out of home care prior to this custody episode? If yes please list dates and placements:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Current Description of the Child/Youth

Physical Description Date		Primary Language Spoken	English
Height		Weight	
Hair Color		Eye Color	
Religion:		Identifying Marks or Tattoos:	

Special Needs/Disabilities:	
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Special Medical Equipment:	
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Scheduled Appointments: (date, provider, location, type of appt)	
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Allergies/Adverse Reaction:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No None None
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Medication:		Describe reaction:	
Food:		Describe reaction:	
Insect Sting:		Describe reaction:	
Other:		Describe reaction:	

Medical modified/Religious diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe	
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Medications: Prescribed and Over the Counter

Current medications (name, route, frequency, dosage & days of meds left)	Lexapro
Lexapro	

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Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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Are meds given in school?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Which meds?	
Consent signed for psychotropic meds:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Next med appointment:	
Has Foster Parent received medication:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	

Health History of Child Explain any items checked Now/Past in "COMMENTS" section

No	Now	Past		No	Now	Past	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth defects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney/urinary problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis/liver problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis (TB)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism/Asperger's (circle one)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental delays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anemia/blood disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning disability
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/seizures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incontinence: <input type="checkbox"/> Urine <input type="checkbox"/> Stool
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other medical (describe below)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Respiratory Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accidents (describe below)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations (describe below)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries (describe below)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with anesthesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other developmental disabilities

Child/Youth is currently hospitalized:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, where and why:	
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Comments/Additional health information/ongoing health related services:	
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Childhood Illnesses

No	Yes	Approx date		No	Yes	Approx date	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Measles	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Chicken pox
<input checked="" type="checkbox"/>	<input type="checkbox"/>		German measles	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Scarlet fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Mumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Rheumatic fever

Trauma Screening

Indicate *known* history of abuse/adverse experiences. Explain any yes answers in "COMMENTS" section

No	Yes		No	Yes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neglect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Domestic violence
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical assault/abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	School violence
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sexual assault/abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Community violence
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emotional abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extreme interpersonal violence

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Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Traumatic loss/separation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Natural disaster
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extended illness/medical trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impaired caregiver (substance abuse/mental illness)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	Other trauma, describe:

Has abuse been reported? Yes No **If no, call CPS 877-237-0026**

Comments/Additional health information:
According to case history, there was a no contact order put in place between Travis and his older brother, Andrew, due to allegations of sexual abuse. Andrew reportedly fondled Travis and showed him porn. Travis started cutting himself at this time.

Child Strengths

Travis participated in a treatment program for depression.

Behavioral/Mental Health History

No	Now	Past	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intense anger, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oppositional, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative Peer Association, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Attention Seeking, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makes False Statements, if yes, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	School Difficulties, if yes, describe Travis has reportedly been verbally and physically aggressive at school in the past.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damage of Property, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Habitual Lying, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stool Smearing, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stealing, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runaway, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoarding, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with concentration and attention, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Hyperactivity/does not respond to safety instructions, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires Constant Supervision, if yes describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety, if yes, describe
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depression, if yes, describe Travis was in an in-patient facility receiving treatment for depression. His family has reportedly not been following his treatment plan since his release.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seeing or hearing things that aren't there, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire-setting, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal cruelty, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal fear, if yes, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Self-injurious behavior/Other Self Harm, if yes, describe Travis was recently cutting himself and his mother found a poem he wrote about committing suicide.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aggressive, dangerous or destructive behaviors, if yes, describe Travis has reportedly been verbally and physically aggressive at school and at home in the past.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual aggression, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had homicidal thoughts, if yes, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Had suicidal thoughts, if yes, describe Ms. Steward found a poem Travis wrote about committing suicide.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attempted suicide If yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had other mental health or behavioral problems, if yes, describe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other mental health diagnosis, if yes, describe

Has the Child/Youth received counseling or therapy?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	New Life Counseling	
Has the Child/Youth had a Psychological Evaluation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, diagnosis, when, where?	Depression	
Depression		
Child Name:	Travis Collins	Child DOB: 5/4 Person ID:

Has the Child/Youth been hospitalized for mental health problems/acute hospitalization?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, diagnosis, when, where?	Psychiatric Hospital, one month ago	
Has the Child/Youth/Family received in-home services?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when, where?		
New Life Counseling, past month		
Has the Child/Youth previously been placed in a residential treatment facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, when, where?				
Alcohol/Drug Abuse History				
No	Now	Past	Frequency	(Xs per day/week/month)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Alcohol
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tobacco smoke/chew (<i>circle one or both</i>)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		E-cigarettes/vapor cigarettes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Marijuana
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Narcotics
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Stimulants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Methamphetamine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hallucinogens
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Steroids
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Huffing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ecstasy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Street drugs, unknown
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Prescription drugs prescribed for another, specify:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Over-the-counter medication, specify:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other, specify:
Additional Comments:				

Has child been identified as high risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has a Safety Plan been completed on child identified as high risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Child Name: Travis Collins	Child DOB: 5/4	Person ID:
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Birth History (for all children)			
Birth Weight:	5 lbs	Birth Length:	18"
<input checked="" type="checkbox"/> Full term or <input type="checkbox"/> Premature birth (<36 weeks)		weeks	
Did mother receive prenatal care:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy/Birth complications:		Month of pregnancy for 1st prenatal visit:	
Was there prenatal substance abuse:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth hospital and location:		Substance and frequency:	

Minor Female			
Age of 1st Period:		Date of Last Period:	
Pregnancies #		Live births #	
Miscarriages #		Abortions #	
Full term		Premature (# weeks)	
Currently pregnant:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, due date:			

Does the youth have children?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, answer below questions:					
Youth's Children's Names	DOB	In DCS Custody ?	Male/ Female?	Race	Name of Person Child Lives with and Relationship	Name of Child's Other Parent	Contact Information of Other Parent
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Does minor parent have visitation with their child(ren)?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list any visitation restrictions:							

Gender and Sexual Identity	
Does the Child/Youth identify him/herself as gay, lesbian, transgender, or non-binary?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe answer	

Sexual Activity			
Is child sexually active?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use birth control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method:			

Dating Violence			
Has Child/Youth experienced controlling, abusive or aggressive behavior in a dating relationship?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, explain:			
Child Name: Travis Collins	Child DOB: 5/4	Person ID:	

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Medical			
Does the Child/Youth have a regular medical provider (pediatrician, family doctor, etc.)?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of medical provider:			Date of last visit:

Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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Immunizations					
Are immunizations up-to-date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the immunization record available?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Religious/medical exemption?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (parent/guardian must provide a notarized statement)			

Dental					
Does the Child/Youth have a regular dental provider?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the Child/Youth wear braces?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, name of dental provider:			Date of last exam:		
If braces, name of orthodontist:			Date of last exam:		

Vision					
Does the Child/Youth wear glasses?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the Child/Youth wear contacts?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, name of vision provider:			Date of last visit:		

This concludes the Well-Being Section

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Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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This information does not go to Health Care Provider

Education and Independent Living					
Student graduated high school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> HISET <input type="checkbox"/> Student Home Schooled					
What school does the student attend? (name, city, county)				Grand High School	
Student's age	16	Current grade	11	Student receives special education services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, name the disability					

No	Yes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the student taking GED classes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the student have a history of skipping school?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the student in an alternative school?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the student serving a zero tolerance expulsion (drugs, weapons and/or assault)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the student serving a suspension for issues other than zero tolerance? If yes, what is the reason and duration of suspension?

Student strengths (check all that apply)	Areas needing improvement (check all that apply)
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Reading	<input type="checkbox"/> Reading
<input type="checkbox"/> Athletics	<input type="checkbox"/> Athletics
<input type="checkbox"/> Attendance in school	<input type="checkbox"/> Attendance in school
<input type="checkbox"/> Other, specify	<input type="checkbox"/> Other, specify

Other things you would like to share regarding your student's schooling?	

Presenting and Previous Court Actions on Youth (Unruly/Delinquent Youth only)			
Current Dispositional Information			
Disposition Judge		Special Judge	
Current Disposition Court	Davidson		
Current Disposition Decision		Disposition Date	
Have you been or are you currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where	
Defense Attorney			
Current Adjudication Type		Current Adjudication Date	
Adjudicated Charge - Current and Previous	Date Occurred	Disposition Date	Disposition
Pending Charges		Court Date Set	Date (if yes)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Violation of Probation (VOP) or Violation of Valid Court Order (VVCO) (explain if applicable)			

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Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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Narrative	
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Legal/Probation Services Previously Offered to Child/Youth		
Date	Type	Outcome

Safety (Unruly/Delinquent Youth only)

A) Maltreatment Allegations or Unruly Behaviors/Delinquency

Other (explain)	
Narrative	

Strengths (Signs of Safety)

Risks, Needs and Concerns (Signs of Risk include aggressive behavior, arson, cruelty to animals, gang involvement, etc.)	
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B) Domestic Violence

Narrative	
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Strengths (Signs of Safety)

Risks, Needs and Concerns (Signs of Risk include aggressive behavior, arson, cruelty to animals, gang involvement, etc.)	
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FSW Name	New Hire	Contact #	
Office Address			
Supervisor		Contact #	

DCS / Provider Staff

Date

I acknowledge receipt of the Intake, Placement, and Well-Being Information and History. I further acknowledge my legal duty to maintain confidentiality of this information and history and any additional information I may receive pursuant to Tennessee Code Annotated §37-2-415, The Foster Parent Rights Act.

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Foster Parent

Date

Foster Parent

Date

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Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
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Do not provide this section to the Foster Parent or the Health Care Provider

Has the child/Youth been adopted: Yes No: Was the child/Youth in Permanent Guardianship: Yes No
 Receiving Adoption Assistance or Subsidized Permanent Guardianship: Yes No: If yes, Amount: _____

(If yes, immediately notify the Permanency Specialist, Child Welfare Benefits Counselor Regional and Central Office Fiscal Staff).

Adoption/Guardianship Completed by DCS: Yes No (If no List Name of the Agency)

Removal Date:		New Placement:		Date of Placement:		Legal Custody Date:	
Removal County:	Davidson	Adjudication Type:	<input type="checkbox"/> Dependent and Neglect <input type="checkbox"/> Unruly <input type="checkbox"/> Delinquent <input type="checkbox"/> N/A				
Removal Reason:	<input type="checkbox"/> Alcohol Abuse (Child); <input type="checkbox"/> Alcohol Abuse (Parent); <input type="checkbox"/> Caretaker Inability to Cope due to Illness or Other: <input type="checkbox"/> Child's Disability; <input type="checkbox"/> Drug Abuse (Child); <input type="checkbox"/> Drug Abuse (Parent); <input type="checkbox"/> Inadequate Housing; <input type="checkbox"/> Incarceration of Parents; <input type="checkbox"/> NAS Prosecution (only select upon DCS attorney instruction); <input type="checkbox"/> Physical Abuse (alleged/reported); <input type="checkbox"/> Relinquishment; <input type="checkbox"/> Sexual Abuse (alleged/reported); <input type="checkbox"/> Truancy						

Removal Street Address	416 Rambling Road						
City	Your City	County	Davidson	State	TN	Zip Code	37954
Kinship Exception Request							
Was KER approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?					
Was the KER temporary or long term?	<input type="checkbox"/> temporary <input type="checkbox"/> long term						
MSW Consult was completed with:							

Family Information	
Both parents living?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, date(s) of death:
Household income to determine IV-E eligibility: (including SS Benefits, SSI for child, AFDC, Foodstamps, Child Support, etc.) If additional supports are received, please indicate in whose name the payment/support is made.	

Child/Youth Parent(s)/Caretaker(s)							
Indicate Parent/Caregiver's Preferred Method for Receiving Documents							
Birth Mother's Name	Marilyn Steward	Primary Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Email Address							<input type="checkbox"/> Yes <input type="checkbox"/> No
Maiden Name		Social Security No.	415-77-6543	DOB	3/20/1981	Message Contact #	
Address	416 Rambling Road Your City TN					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.

City, State, Zip	Your City TN 37954	Contact #	615-564-8785
Employer	Smythe Home Health Services	Address	5414 Wego Lane
City, State, Zip	Hartford TN 37954	Contact #	
Birth mother married when child/Youth was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine		

Child Name:	Travis Collins	Child DOB:	5/4	Person ID:	
--------------------	----------------	-------------------	-----	-------------------	--

Birth mother ever been married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unable to Determine		If so, where and to whom?		
Birth mother ever been divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unable to Determine		If so, where and from whom?		
Birth mother's race:	White				
Legal Father's Name	Richard Collins	Primary Caregiver	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security No.	406-95-1234	DOB	9/27/1980	Message Contact #	
Address	894 Summer Circle		<input type="checkbox"/> Yes <input type="checkbox"/> No		
City, State, Zip	Bovine VA 22193		Contact #	276-547-2341	
Employer	Parker	Address	411 High Street		
City, State, Zip	Haggerty VA 23464		Contact #		
Marital Status of Parents	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other				
Legal Father's Race:					
Putative/Alleged Father's Name					
Email Address			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security No.		DOB		Message Contact #	
Address			<input type="checkbox"/> Yes <input type="checkbox"/> No		
City, State, Zip			Contact #		
Employer		Address			
City, State, Zip			Contact #		
Putative/Alleged Father's Race:					
Caregiver's Name (if different from above)			Relationship		
Email Address			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security No.		DOB		Message Contact #	
Address			<input type="checkbox"/> Yes <input type="checkbox"/> No		
City, State, Zip			Contact #		
Employer		Address			
City, State, Zip			Contact #		

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Relative Contact Person For Child/Youth (other than parent)

	Contact #	
Relationship		

Child/Youth Siblings:										In Custody	
Name	Michael Collins	SSN		DOB	6/27	Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Name:	Travis Collins	Child DOB:	5/4	Person ID:							

Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Emma Collins	SSN		DOB		Sex	F	Race		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Name	Andrew Newel	SSN		DOB		Sex	M	Race		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		SSN		DOB		Sex		Race		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.



State of Tennessee Child Welfare Benefits Application

Date Received:				
IDENTIFYING INFORMATION:				
Child's Last Name Collins	First Travis	Middle	Date of Birth 5/4	Social Security Number 213-74-6398
Race White	Sex Male	Child's County of Venue Davidson		Date of Custody
Mother's Last Name Steward	First Marilyn	Middle	Date of Birth 3/20/1981	Social Security Number 415-77-6543
Father's Last Name Collins	First Richard	Middle	Date of Birth 9/27/1980	Social Security Number 406-95-1234
REMOVAL HOME (From whose home the foster child was removed):				
Name of Person from whose home the child was removed?			Relationship of person to child:	
PLACEMENT INFORMATION (Where the child is placed, outside of the home, because of this situation):				
Name of Placement:			Date Entered Placement:	
ELIGIBILITY/REIMBURSABILITY:				
1. Is the child a U.S. Citizen or Qualified Alien? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. Is the child a Tennessee resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. Is the child a Native American? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS:				
a. Parent living in the home from which the child was removed?	MOTHER		FATHER	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is the child's parent(s) deceased?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	If "yes", date death occurred:		If "yes", date death occurred:	
c. Parent(s) disabled (physically/mentally)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. Parent(s) unemployed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Check here if neither parent was a wage earner: <input type="checkbox"/>				
Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes <input type="checkbox"/> No <input type="checkbox"/>				
4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month of the Voluntary Placement was signed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back.				
From	To	Name and Address		Relationship

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Distribution: CWB Case File, Copy Child's Record RDA 2984

Date Received:			

4B. Give the following information on **all** persons (including the foster child) who were living in the home from which the foster child was removed (removal home).

Name	Birth Date	Relationship to Foster Child	Social Security Number
Travis Collins	5/4		213-74-6398
Mary Steward	3/20/81	mother	415-77-6543
Michael Collins	6/27	brother	

5. **Financial Resources:** Enter information about the foster child's financial resources and income in sections 5 thru 10 below. If the foster child's parent(s), a stepparent or foster child's sibling (whole, half, step sibling) age 18 or younger were also living in the removal home, enter their resources and income in sections 5 thru 10. Do not enter for other persons in the removal home.

Source	Balance	Owner	Bank Name and Address
Cash	0.00		
Checking/ Savings	0.00		
IRA/CD	0.00		
Stocks/Bonds	0.00		
Trust Accounts	0.00		
Other	0.00		

6. List any vehicles family member or child owns:

Value/Amount/Owed:	Owner:	Model/Year:
Value/Amount/Owed:	Owner:	Model/Year:

7. **Income other than wages (Monthly amount or equivalent):** Check the (Step box) if the income below is received by a stepparent in the removal home.

	Foster Child	Mother (Step <input type="checkbox"/>)	Father (Step <input type="checkbox"/>)	Sibling (Step <input type="checkbox"/>)	Sibling (Step <input type="checkbox"/>)
Social Security	0.00	0.00	0.00		
SSI	0.00	0.00	0.00		
Veteran's Benefits	0.00	0.00	0.00		
UC/WC					
Railroad Retirement					
Pension					
Military	0.00	0.00	0.00		
Child Support	0.00	0.00	0.00		
Other					

8. Indicate the child's payee for the above benefits:	Name:	Type of Benefits:
	Name:	Type of Benefits:

9. **Current Employer:** Check the box in the (Step) column if the wages are received by a stepparent or step sibling.

Date Received:							
	(Step)	From	To	Employer Name and Address	Gross Wages (amount before deductions)	Frequency (weekly, bi-weekly, semi-monthly, yearly)	# Hours Worked Per Week
Child	<input type="checkbox"/>						
Mother	<input type="checkbox"/>			Smythe Home Health Services 5414 Wego Lane Hartford VA			
Father	<input type="checkbox"/>			Parker 411 High Street Haggerty VA			
Sibling	<input type="checkbox"/>						
Sibling	<input type="checkbox"/>						

Child Care Expenses:

Did the child's parent pay for someone to care for the child so that the child's parent could get to work, training, or look for a job? Yes No

If "yes", Amount Paid: Frequency: Weekly Monthly

Child Care Provider Name and Address:

Phone Number:

Date Received:				
10. Does the child have any physical, emotional, or mental disabilities? Attach copies of the child's Individual Education Plan and psychological report from the child's case manager concerning possible disability. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If yes, briefly describe:				
11. Is the child attending school? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Name of school: Grand High School If yes, is the attendance: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Grade 11				
12. If the child is 18 and in school, is he/she expected to complete the course of study by age 19? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Expected graduation date:				
13. Is the home from which the child was removed receiving adoption support payments on behalf of the child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
14. Does the child receive or expect an inheritance or settlement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
15. Child Support Information-Non-Custodial Parent Data: (Confirm the parent/foster child relationship is reflected in TFACTS.)				
Foster Child's Mother:		Does a "Good Cause" reason exist to not pursue child support from the mother?: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Street Address 416 Rambling Road		City Your City	State TN	Zip 37954 Telephone Number 615-564-8785
Is this address valid? Yes <input type="checkbox"/> No <input type="checkbox"/>		Last date at above address		
Employer Name and Address Smythe Home Health Services 5414 Wego Lane		City Hartford	State TN	Zip 37954 Last date employed
Is mother making child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, indicate: Amount:	Frequency	Last date support was paid
Foster Child's Father:		Does a "Good Cause" reason exist to not pursue child support from the father?: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Legal Parent <input type="checkbox"/> Alleged Parent <input type="checkbox"/>		
Street Address 894 Summer Circle		City Bovine	State VA	Zip 22193 Telephone Number 276-547-2341 276-547-2341
Is this address valid?		Last date at above address		

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Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Employer Name and Address Parker 411 High Street		City Haggerty	State VA	Zip 23464	Last date employed
Is father making child support payments? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes, indicate: Amount:	Frequency	Last date support was paid	
Understanding of DCS Family Services Worker/Authorized Representative/Court Liaison					
<p>I understand that information may be submitted to the United States Citizenship and Immigration Services (USCIS) for verification. If the child receives Medicaid, as the child's representative, I assign to the State any other medical benefits the child has as long as the child receives Medicaid. I will cooperate with the Department of Children's Services, the Department of Human Services, the Department of health, and the Tennessee Bureau of Investigation. I authorize the release of information to recover the benefits and investigate fraudulent claims for benefits.</p> <p>I understand that I will be responsible for reporting changes in living arrangements and other criteria as required within ten (10) days. I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge.</p> <p>I understand that if I disagree with action taken on this application I may appeal the decision within 90 days of the date notified.</p> <p>USE OF SOCIAL SECURITY NUMBERS AND COMPUTER MATCHING: An individual applying for benefits must have a Social Security Number or apply for one, as required by PL 97-98. We use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. If those records do not match the information provided on behalf of the child, it may affect whether the child qualifies for benefits.</p>					
Family Services Worker/Authorized Representative/Court Liaison			Telephone No		Date
ATTACH APPROPRIATE COURT ORDER(S) AND ALL OTHER PERTINENT INFORMATION					
Including copies of: Court Orders, Voluntary Placement Agreements, petitions, birth certificates, and social security card, plus child's Individual Education Plan, psychological reports, Procedure to Establish Good cause, and health insurance card.					

Additional comments or information may be added below:



Tennessee Department of Children's Services
Authorization for Release of Information and HIPAA Protected Health Information TO
or FROM the Department of Children's Services and Notification of Release

A. AUTHORIZATION FOR RELEASE TO DCS

I, _____ hereby authorize release of the information specified on page 2, to _____ any representative of the Tennessee Department of Children's Services bearing this release or a copy of this release, including any information deemed to be confidential. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services. Failure to grant access to the requested information may result in a court order for the information.

B. AUTHORIZATION FOR DCS TO RELEASE

I, _____ hereby authorize the Tennessee Department of Children's Services to release the information specified on page 2, to the person/entity specified on page 2.

I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 2 of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.

Authorizing Signature _____
Print Name _____
Date

Name of Client's Representative (Print) _____
Signature of Client's Representative _____
Date

Name of Witness (Print) _____
Signature of Witness _____
Date

Relationship to client and authority to release confidential information	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian*
<input type="checkbox"/> Conservator*	<input type="checkbox"/> Personal Representative for HIPAA*	<input type="checkbox"/> Legal Custodian*	<input type="checkbox"/> Other*, specify:

***Proof of authority to release information, such as a court order or Power of Attorney document, must be provided.**

Collins Travis 5/4 213-74-6398 Male
Name: *(Last)* *(First)* *(Middle)* *Date of Birth* *Social Security* *Gender*
Other Legal Names: _____ Address: _____ Place of Birth: _____

Home Telephone No. _____
Cellular Telephone _____
Work Telephone _____
Alternate Telephone



Type of Information Requested (check ONLY one):

- 1. Education records, including transcripts, GED, TCAP, Special Education
- 2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. *Does not apply to employees or volunteers.*
- 3. Medical records, including examinations, laboratory tests, and prescribed treatments. *Does not apply to employees or volunteers.*
- 4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results
- 5. Employment Records
- 6. Personal Finance/Credit History/Insurance Records (as applicable)
- 7. Other

Authorization Expires: in one year in 90 days On _____/_____/_____
(Authorization not to exceed one year.)

Name of Provider/School/Entity Releasing Info to DCS or Receiving info from DCS: Grand High School

Specific Information Requested:

Purpose of the Requested Release/Disclosure:

Check all that apply: Arrange/Access Services CPS Investigation Juvenile Court Case
 Other: _____

_____	_____	_____
<i>Authorizing Signature</i>	<i>Print Name</i>	<i>Date</i>
_____	_____	_____
<i>Name of Client's Representative (Print)</i>	<i>Signature of Client's Representative</i>	<i>Date</i>
_____	_____	_____
<i>Name of Witness (Print)</i>	<i>Signature of Witness</i>	<i>Date</i>

HIPAA Authorization for Release of Protected Health Information:

I hereby authorize the use or disclosure of my individually identifiable health information as described above. I understand the following: (1) This authorization is voluntary. (2) If the person or organization authorized to receive the information is not a health plan or health care provider the released information may no longer be protected by federal privacy regulations. (3) My ability to receive health care, eligibility for health care, or the payment for my health care will not be affected if I do not sign this form. (4) I may see and copy the information described on this form if I ask for it, and I get a copy of this form after I sign it. (5) I may revoke this authorization at any time by notifying the person/organization(s) in writing, but if I do it won't have any effect on actions taken before the revocation was received. (6) Any release made in reliance on this authorization prior to receiving revocation of the release shall not constitute a violation of HIPAA or my confidentiality rights.

I have read this section. _____ OR This section was read to me. _____
Initial Initial

If the individual who is the subject of the information requested is a Child Under the Age of 18, the Child's Parent(s) or Legal Guardian Must Sign This Release. **EXCEPTION:** Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.



**The Following form titled Informed Consent for Psychotropic Medication
may be removed and destroyed if the child is not on any Psychotropic
medication.**



Informed Consent for Psychotropic Medication

Appointment Date _____ TFACTS Person ID# _____
 Child's Name Travis Collins DOB 5/4
 Home County Davidson DCS FSW New Hire
 Placement Foster home Congregate care facility Facility name _____
 Child entering custody on the medication(s) listed below

PLEASE ATTACH PSYCHOTROPIC MEDICATION EVALUATION Form CS-0629 OR EQUIVALENT FORM

Medication (dose, frequency, route) _____
Lexapro
 For the treatment of Depression
 Allergies None
 Any other medication child is taking _____
 Prescribing Provider's Name Lexapro Telephone # _____
 Clinic Name Lexapro
 Address _____

I have been informed of the recommendation that medication be prescribed as part of my/my child's treatment program. I have been informed of the nature of my/my child's condition, the risks and benefits of treatment with the above medication, of other forms of treatment, as well as the risks of no treatment. My signature below indicates that I have received information explaining the most common side effects of this/these medication(s), but understand that there may be other side effects.

I understand that medication is only one aspect of my/my child's overall treatment, and that success and improvement depends on my active involvement and participation in all aspects of the treatment plan developed for me/my child. I also understand that although this medication is expected to be helpful in the treatment of my/my child's condition, there is no absolute guarantee as to the results.

For females: Because this/these medication(s) could be harmful to a developing fetus, I will notify the medical staff immediately if I suspect pregnancy or have plans to attempt pregnancy.

Based on the information provided to me:

- I give **PERMISSION/CONSENT** to the administration of the above listed medications(s).
- I **REFUSE** to allow the administration of the above listed medication(s).

Youth age 16 or older signature _____ Date__ __
 Parent/Legal Guardian signature _____ Date__ __
 Print name _____ Relationship _____
 Witness #1 Verbal Consent _____ Date _____
 Witness #2 Verbal Consent _____ Date _____
 Reason parent cannot sign _____

DCS Health Nurse Signature _____ Date _____
 Print name _____ Region _____

- I have been **NOTIFIED** that consent was given by DCS for the above listed medications(s).
- Parent/Legal Guardian signature _____ Date _____
 Print name _____ Relationship _____

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Distribution: Child's Group Home File

CS-0627
 Rev 11/19





Medication Transfer

Name _____ Travis _____ Collins _____ DOB _____ 5/4 _____

Date _____

The following medications are being sent with this child/youth to a new placement:

Medication and Dosage:	Instruction:	Count:	# Refills
Lexapro	1x a day	12	2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications collected/counted by: _____

Medication has been sealed by: _____

Signature #1 _____ Signature #2 _____

Medication has not been sealed

By signing below you are agreeing that all medications and counts are accurate as listed

Signature of Person releasing medications

Date

Signature of Transport Person

Date

Signature of Person or Parent/Guardian receiving medication

Date

Medication has been sealed by medical staff and is being released to parent/guardian. By signing below you are agreeing that you are receiving sealed medications

Signature of parent/guardian receiving sealed medication

Date

Note: Some medication may not be in "child proof" containers. Please keep all medications out of the reach of children.

Youth released from a *Youth Development Center* may receive a one month supply of prescription medication sent directly from the pharmacy via UPS. Please check the medication you receive to make sure the type of medication and the dose is correct. Report any errors directly to the pharmacy.

In case of questions, please contact:

_____ New Hire _____
Sending Staff/Facility/FSW _____ Phone _____

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Tennessee Department of Children's Services

Authorization for Routine Health Services for Minors

Name of Child: Travis Collins Date of Birth: 5/4 TFACTS ID: 213-74-6398

Date of Custody: _____ County of Custody: Davidson Region of Custody: Davidson

This document verifies that Travis Collins is in the legal custody of the Tennessee Department of Children's Services. The Department of Children's Services, by virtue of the court's order granting legal custody, is authorized to consent to ordinary and/or necessary medical care.

Child/Youth

(The information below must be fully explained to the minor; minor does not sign form)

Routine health services may be provided while you are within the custody of the Tennessee Department of Children's Services. Examples of routine health services are: routine dental procedures including extractions, pelvic exams, blood draws and samples, immunizations, treatment of communicable disease(s), routine suturing or minor lacerations, x-rays, and other medical procedures not listed generally governed by implied consent guidelines in the community setting. If you choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent/Guardian

I, _____, understand that it may be necessary for the Tennessee Department of Children's Services to provide routine health care to my child while he/she is in the custody of the Department. I understand the meaning of routine with regard to health services as generally outlined above and hereby give my permission to such care. I have also been informed that if I choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent's or Legal Guardian's Signature

Date

Witness' Signature

Date

Based upon refusal of the above named minor's parent or legal guardian to consent to the routine treatment of his/her child while in custody of the Department of Children's Services or because, after diligent efforts to locate, the parent or legal guardian cannot be located, the Department of Children's Services due to its rights and responsibilities as legal custodian is authorized to consent to ordinary and/or necessary medical care and/or treatment.

*** parent refused to sign paperwork at time of removal

No parent available at time of removal

DCS Staff Signature

Date

This is the current version of this form. Please disregard all previous versions prior to the date listed below.



Tennessee Department of Children's Services Penalty for Harboring Notice

Travis Collins

5/4

Child's Name

Date of Birth

You are advised that ***IF*** the above named child, who is in the custody of the Department of Children's Services (DCS), runs away from DCS custody, you are legally obligated to report any known information regarding the whereabouts of this child/youth. You are hereby notified that harboring a juvenile offender is a criminal offense punishable by up to ***11 months, 29 days in jail and \$2, 500 in fines***. I understand this law and consequences if I choose to harbor any child/youth who has run away from DCS custody.

I confirm by my signature below that if I have ***any*** information that would help locate this child/youth in the event of running away from DCS custody I will share it immediately with my DCS worker or supervisor and/or law enforcement.

Any child/youth who runs away is at risk of harming themselves, other persons and the community at large. Your cooperation in bringing this child back into custody is very important.

Print Name

Date

Signature

Relationship to Child/Youth



Tennessee Department of Children's Services
Request for Certification/Verification of Birth, Death, Marriage or Divorce

The purpose of this request is to:

- File TPR and/or finalize adoption
- 17-year-old about to age out of care or transitioning to EFCS
- Newborn in need of TennCare benefits
- Severe abuse
- Other: Records

(Requests will be prioritized by Vital Records in the order listed above)

Requestor's Name	New Hire	Title	Date
For TN Records Requests		For Records From Other States	
E-mail vragencysupport@tdhs.zendesk.com	Dept. of Children's Services		
Call 615-442-7744 for questions	New Hire	New Hire	
	Address 1		
	Address 2 (if applicable)		
	City, State & Zip code		
	Fax Number		
This agency needs	<input checked="" type="checkbox"/> birth certificate	Case Name and Number	
	<input type="checkbox"/> death verification	County	Davidson
	<input type="checkbox"/> marriage certificate	FSW's Signature	
	<input type="checkbox"/> divorce verification	FSW's Telephone Number	
INFORMATION REQUIRED FOR SEARCH: BIRTH - DEATH			
Full Name	Travis Collins	Sex	Male Race White
	First Middle Last		
Place of	<input type="checkbox"/> Birth	Date of	<input type="checkbox"/> Birth 5/4
	<input type="checkbox"/> Death		<input type="checkbox"/> Death
Requesting copy of the birth certificate of and a copy, if available, of the Voluntary Acknowledgment of Paternity			
B	Birth Certificate Number		
I	Mother's full Maiden Name	Marilyn	Steward
R		First	Middle Last(Maiden)

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
 Distribution: Case File, Vital Records Office

RD A 2982



Requestor's Name	New Hire	Title	Date
T H D E A T H	Father's Full Name	Richard Collins	
		First Middle Last	
	Name of Funeral Director, if known		
	Cause and Date of Death		

FOR BIRTH OF CHILD UNDER ONE YEAR

Name of Hospital	Name of Attendant
Address of Hospital	

INFORMATION REQUIRED FOR SEARCH: MARRIAGE - DIVORCE

Name of Groom/Husband	First Middle Last	Age	Race
Name of Bride/Wife	First Middle Last	Age	Race
Date of Marriage or Divorce	Place of Marriage		
County in which license was issued	County of Divorce		
Name of court			
Other data			

Please Note: Attached you will find a release of information authorizing this request

For Vital Records Office use Only - Do Not write below this Section

This is to certify that our files show:

Verification / Certificate No.	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	File Date:	Attached (Yes/No)
	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce		
Verification / Certificate No.	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	File Date:	Attached (Yes/No)
	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce		

Processed by: _____ Date: _____
Signature of Vital Records Staff



Tennessee Department of Children's Services

Case Intake Packet Documents and Native American Heritage Verification

Date	TFACTS Case ID	County	Case Worker
		Davidson	

Native American Heritage Veto/Verification

Native American/Tribal Affiliation includes:

- An Indian child under the age of 18;
- A member of an Indian tribe;
- Eligible for membership in an Indian tribe; or
- The biological child of a member of an Indian tribe.

Child Name	DOB	Child is NOT Native American or affiliated with a tribe	Is Native American or has Tribal Affiliation
Travis Collins	5/4	<input type="checkbox"/>	<input type="checkbox"/> with: _____
		<input type="checkbox"/>	<input type="checkbox"/> with: _____
		<input type="checkbox"/>	<input type="checkbox"/> with: _____
		<input type="checkbox"/>	<input type="checkbox"/> with: _____
		<input type="checkbox"/>	<input type="checkbox"/> with: _____

Note: If the family reports having Native American heritage, form letter [Confirmation of Native American Heritage](#) must be completed to capture tribal information. Form letter [Determination of Tribal Affiliation](#) must be completed if it is believed or confirmed that the child or parents are Native American, but the tribe or registration information is not known as outlined in **DCS Policy 16.24 Children of Native American Heritage**.

Mother/ Caregiver Initials	Father/ Caregiver Initials	Youth Initials	Name of Document
			Client's Rights Handbook (7/15)
			Notification of Equal Access to Programs and Services and Grievance Procedures CS-0158 (7/15) I have read the above procedure of how to file a Title VI complaint. This procedure was explained to me in detail and a copy was issued to me for my records. I was advised that this form is available in other languages.
			Notice of Privacy Practices CS-0699 (6/09), which describes how DCS may use my health information, my rights to privacy regarding my health information, and how I can exercise those rights.
			Independent Living Youth Handbook/A Guide for Teens in Foster Care (For youth ages 14 and older <i>who are in state custody</i>) *Must be printed/separate from packet
			Authorization for Release of Information to the Department of Children's Services: TennCare Eligibility and Authorization for the Department of Children's Services to Release Information to TennCare CS-0789

By providing my initials and signature below, I acknowledge that I received the following paperwork, the case worker has reviewed the paperwork with me, I verify that the information I provided regarding Native American Heritage is correct and I had the opportunity to review and ask questions.

Parent/Caregiver Signature	Date	Parent/Caregiver Signature	Date
Youth over age 14 Signature	Date	Witness	Date



Department of
Children's Services



Client's Rights Handbook

Tennessee Department of Children's Services | Policy and Procedures | Dec. 2016



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A Note about this Handbook

The information inside is very important. It spells out how the Department of Children’s Services (DCS) process works in Tennessee. It describes what happens when DCS gets called, what we will seek to do and how we work to keep a child’s best interests at heart.

We know that this can be very hard on families and very hard on children. But we also know that when we remember to do what is best for the children, we are often very successful in making this a positive turning point in a child’s life.

DCS works closely with the courts; there are specific laws that describe how we do what we do. For many people, these laws and procedures are long and confusing. This handbook is designed to help you understand better.

DCS staff will also work with clients and families to accommodate special needs as listed below, including but not limited to:

- Bilingual personnel or translators or arrange for the use of communication technology;
- Sign language needs;
- Methods for the hearing impaired clients and persons;
- Communication assistance for persons with special needs who have difficulty making their service needs known, and
- Consideration of literacy levels of clients and family.

A Case Worker will review all of these rights and expectations with you in person and will be happy to go back over it with you if you wish. If you require any special accommodations as listed above, please let the Case Worker know your specific needs.

Still, many families find it useful to have it all in writing so they can review it later. If you need help understanding anything here, please ask for help. Feel free to go through it with your lawyer or someone you trust.

Contact Information

DCS Staff	Name	Telephone Number
DCS Case Worker	New Hire	
Team Leader/Lead Investigator		
Team Coordinator/Investigative Coordinator		() -
Regional Administrator/Regional Investigative Director		() -

DCS hours of operation are 8:00 a.m. – 4:30 p.m. If you have an emergency after hours, please contact:

Telephone Number: _____

The Tennessee Child Abuse Hotline, 1-877-237-0004, is available twenty-four (24) hours per day, seven (7) day per week.

Rights and Responsibilities

You Have the Right to:

- Available services, regardless of your age, race, ethnicity, gender, religious or political affiliation, sexual orientation, sexual identity, physical or mental disability, or infectious disease, and the right to referral, as appropriate, to other service providers.
- Competent professional services, including an individualized written treatment or service plan, services based on the plan, periodic review and assessment of needs, and revisions to the plan including a description of services that may be needed for follow-up.
- Ongoing participation in the planning of services and in the development and periodic revision of the treatment or service plan, including the right to an explanation of all aspects of one’s own condition and treatment.
- Refuse services and/or treatment in accordance with State and Federal laws.
- Appeal adverse actions (delays, denials, reductions, suspensions, or terminations) of TennCare services (if you are TennCare eligible).
- Services and treatment under conditions that support your personal liberty, and restrict such liberty only as necessary, to comply with treatment needs, including the right to freedom from restraint or seclusion.
- Confidentiality of your records and protected health information.
- Review, upon request, your own records.
- Information regarding client’s rights including a copy of this document and/or an explanation of client’s rights in a language of your choice, to the extent possible, and access to an advocate to understand, exercise, and protect your rights.
- Assert complaints with respect to infringement of these rights, including the right to have such complaints considered in a fair, timely and impartial procedure. You may contact the DCS Customer Relations Unit at 1-800-861-1935 Monday through Friday between the hours of 8:00 a.m. – 4:00 p.m. CST, or by email at: DCS.Custsrv@tn.gov.

Your Responsibilities are:

- To provide all relevant information to DCS.
- Inform your Case Worker and court, if applicable, of any special needs. This includes current or chronic health conditions, information about school and education and any family customs or cultural practices important to your family or your child.
- Attend all Court hearings and team meetings.
- Cooperate with your Case Worker.
- Participate in developing your child's permanency plan.
- Participate in the services that are offered and work on your child's permanency plan, including all activities and services the Court may order you and other family members to complete.
- Attend health and medical appointments with your child when feasible. Consent to medical treatment for your child. Attend family therapy when prescribed and participate in your child's treatment plan.
- Stay in touch with your Case Worker. Be sure that the worker always has your current address and telephone number.
- Provide you child's Case Worker with information about your progress towards the goals stated in your child's permanency plan and any changes in your life.
- Visit and communicate with your child as agreed upon.
- Communicate any concerns that you have to the Case Worker or to your lawyer.
- Pay child support if ordered by the court.

Case Worker's Responsibilities

- Contact you for more information and to ask you some questions.
- Visit you and your child regularly.
- Help you understand the problems that brought you and your child to Court.
- Schedule a Child and Family Team Meeting (CFTM) to develop a plan which lists the steps you must take to have your child returned to you. This meeting should happen within thirty (30) days after your child is removed from you.
- Assist you in obtaining the services that are listed in the permanency plan. This is called "**reasonable efforts.**" Reasonable efforts may include assisting you in obtaining counseling, parenting classes, transportation and/or other services that are necessary.
- Inform you of health and medical appointments and assist with attendance and transportation when feasible.

Resolution of Grievances

If you are dissatisfied with an action taken by DCS you should discuss the situation with your case worker. If the action is one taken by DCS pursuant to a court order or one which is the subject of pending judicial proceedings, DCS is obligated to follow the court's decision and cannot change the decision without going back to court. In such a situation, you should contact your attorney to discuss your concerns.

Grievances should first be addressed through the Child and Family Team Meeting (CFTM) process. If the issue cannot be resolved by through a CFTM, you can contact the DCS Customer Relations Hotline:

- By e-mail at DCS.Custserv@tn.gov,
- By phone at 1-800-861-1935, or
- By mail at Department of Children's Services

**DCS Customer Relations
Unit 315 Deaderick St.
10th Floor, UBS Building
Nashville, TN 37243**

A customer relations representative who has not been involved in your case can review your case and help work through grievances.

Indian Child Welfare Act (ICWA)

Indian tribes have jurisdiction over Indian child custody proceedings. If your child is either (a) a member of an Indian tribe, or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe, you must inform your DCS Case Worker.

Confidential Child Specific Information

All information created or collected, directly or indirectly, in any medium, which identifies you and/or your child, shall be kept confidential in order to protect your privacy, and will not be shared except as provided for by law. Child case files and related information are official records which have been designated as confidential by law.

Equal Access to Programs

You will receive notification of your right to equal access to services (Form **Notification of Equal Access to Programs and Services and Grievance Procedures**, CS-0158) and will be asked to sign a form indicating you received that notification. If you do not receive notification of your right to equal access, please notify your caseworker.

Child Abuse Hotline

At the Tennessee Department of Children's Services, we are serious about keeping kids safe.

We receive about 169,000 calls to our Child Abuse Hotline annually. *To report child abuse or neglect in Tennessee call the state **Child Abuse Hotline at 877-237-0004**. Reports also can be made online through a form our secure site (<https://apps.tn.gov/carat/>).*

Our experienced staff members will guide Hot Line callers through a series of questions. It's OK if callers don't know all of the details. The staff uses the information you provide to determine the severity of the situation and how best to intervene.

Abuse and Neglect Allegations

The Department utilizes a Multiple Response System for allegations of child abuse and neglect. This approach assists the Department in:

- ensuring children are safe;
- working in partnership with parents to identify the family's strengths and needs; and
- asserting that families are the experts at solving their own problems.

The Multiple Response System begins when the Department receives an allegation of child abuse or neglect through the Child Abuse Hotline. Allegations may be received by way of telephone, fax, web, or in person. The Child Abuse Hotline guides concerned citizens through the referral process, gathering important information to assist in making a determination regarding DCS involvement. Possible levels of involvement include connecting families to resources, opening an assessment case, or opening an investigation.

What to Expect During an Investigation

If the allegation meets criteria for investigation, a Child Protection Services investigator will be assigned to investigate the allegation(s). This investigator will inform you of your rights and responsibilities, the allegation(s) being investigated, and outline investigative process. This process may involve the assistance of Child Advocacy Centers, Law Enforcement, Medical Personnel and/or Prosecutors to ensure the safety and wellbeing of your child.

At the onset of the investigation, the investigator will hold an initial interview with your child to determine their immediate safety. This interview will take place away from the alleged abuser either at home, school or in another safe location. Your consent is not required for an interview to take place.

During the initial interview the investigator may identify the need for a:

- Forensic Interview- a second interview which takes place at a Child Advocacy Center.
- Medical evaluation to assess any injuries.
- Mental health evaluation.

If any of the above services are needed, the investigator will accompany your child or follow up with you to ensure completion of the interview or evaluation(s). The investigator will consult with a DCS attorney to determine how to proceed if any of the above services are refused, which could lead to court involvement.

If during the investigation, the investigator determines there is no immediate risk of harm, your family may be offered services before the closure of the case. However, if the investigator determines there is an immediate risk of harm to your child, the investigator may:

- Engage you in a voluntary Immediate Protection Agreement, placing the child with a temporary caregiver; or
- Remove the child into the Department's custody.

If the investigator engages you in a voluntary Immediate Protection Agreement, you and the investigator will agree to who the temporary caregiver is and where the caregiver(s) and/or child will reside and any restrictions involving contact with the caregiver or others. In addition to these agreements, a Family Permanency Plan will be developed. The Family Permanency Plan outlines the actions to be completed by the child, caregiver(s), and/or the investigator prior to the child returning home and/or the closing of the investigation.

In addition to interviewing your child and determining their immediate safety needs, the investigator will:

- Interview the alleged abuser;
- Interview anyone who may be able to provide additional information about the abuse;
- Interview you and other caregivers in the home;
- Interview siblings, if applicable;
- Make a visit to your home; and
- Make a visit to the location where the abuse occurred, if it differs from the home.

After all interviews are conducted and other evidence is collected, the investigator will evaluate the information and make a determination to substantiate or unsubstantiate the allegations. This process is called classifying the case. A classification of substantiated means there was enough evidence to say the child was abused or neglected. If the classification is unsubstantiated, this means there was not enough evidence to say the child was abused or neglected.

In addition to determining the classification, the investigator may also recommend or require services for the family prior to closing the case.

Appeal Rights

For CPS Investigations, if the alleged abuser is substantiated they will receive a letter notifying him or her of the substantiation and their appeal rights. The abuser has the right to request a review of the substantiation by the DCS Commissioner, or designee. This review will determine if the investigation was properly classified. Written notice of the request for review must be received by the Commissioner, or designee, within twenty (20) business days of the date noted on the letter.

What to Expect During an Assessment Case

If the allegation meets criteria for an Assessment case, a Child Protection Services Assessment worker will be assigned to work with your family. This Assessment worker will inform you of your rights and responsibilities, the allegation(s) that brought your family to the attention of DCS, and outline the service delivery process. This process may involve the assistance of Child Advocacy Centers, Law Enforcement, Medical Personnel and/or Prosecutors to ensure the safety and wellbeing of your child.

At the onset of the Assessment case, the Assessment worker will hold an initial interview with your child to determine their immediate safety. This interview will take place away from the alleged abuser either at home, school or in another safe location. Your consent is not required for an interview to take place.

In addition to interviewing your child and determining their immediate safety needs, the Assessment worker will:

- Interview the alleged abuser;
- Interview anyone who may be able to provide additional information about the abuse;
- Interview you and other caregivers in the home;
- Interview siblings, if applicable;
- Make a visit to your home; and
- Make a visit to the location where the abuse occurred, if it differs from the home.

If during the case, the Assessment worker determines there is no immediate risk of harm, but that services may benefit your family before the closure of the case. In this case, the Assessment worker will work with you and your family to identify the supports and services needed to eliminate the concerns and potential safety risks to your child.

After all interviews are conducted and other evidence is collected, the Assessment worker will evaluate the information and make a determination to classify the allegations as 1) No Services Needed, 2) Services Recommended or 3) Services Required. A classification of Services Required means there was enough evidence to say the child was at risk. At this point, the family must comply with services, or the department can seek a court order to ensure the services are completed. If the services were recommended, then the family can choose whether or not they wish to accept services and support from DCS.

However, if the Assessment worker determines there is an immediate risk of harm to your child, the Assessment worker may:

- Engage you in a voluntary Immediate Protection Agreement, placing the child with a temporary caregiver of your choosing; or
- Remove the child into the Department's custody.

Non-Custodial Interventions

Family Crisis Intervention Program (FCIP) and Family Support Services (FSS)

A **Family Crisis Intervention Program (FCIP)** is a brief intervention with families who have unruly children at risk for state custody. The intervention is designed to help the family and child through the present crisis period so they can access less intrusive community services without requiring further Court intervention and/or custodial care from the Department of Children's Services.

A **Family Support Services (FSS)** case is one that is transferred to a social services case worker after Child Protective Services has determined there is a need for ongoing services with the family that would extend beyond CPS's limited timeframes.

Juvenile Probation

Juvenile probation is court-ordered and includes supervision of the youth and treatment services to address the problems the youth is encountering. Probation may be used at the "front end" of the juvenile justice system for first-time, low-risk offenders or at the "back end" as an alternative to institutional confinement for more serious offenders. In some cases probation may be voluntary, in which the youth agrees to comply with a period of informal probation in lieu of formal adjudication. More often, once adjudicated and formally ordered to a term of probation, the juvenile must submit to the probation conditions established by the court. Among the services provided, youth on probation can expect to follow a curfew, announced and unannounced home and school visits from the DCS worker, as well as random drug screening when applicable.

If Your Child Enters DCS Custody

There are three (3) main paths to state custody called a "committal status" under which a child can be placed into the legal and physical custody of DCS:

- If the child is found to be **neglected or abused**;
- If the child is found to be **delinquent**, also referred to as a juvenile justice child who has been found by the Court to have committed an offense which would be considered a crime if it had been committed by an adult; or
- The child is **unruly**, which refers to a child who is in need of treatment or rehabilitation and who habitually, and without justification, is truant from school; is habitually disobedient to the degree that his or her health and safety is endangered; and/or is a runaway.

The protocols set out here apply to all children committed to DCS, no matter their committal status.

If your child has been committed to the department, DCS will be completing various assessments on your child to identify the areas that the child and the family need to address in order to obtain permanency for your child. DCS honors your role as parent and will make every effort to involve you in the decision making process involving the care of your child. You can expect the following to occur during your child's placement with the department:

The intake process usually occurs in Court following the Judge's decision. Basic information will be gathered such as family information, address and telephone numbers. You will be asked to sign releases of information to enable DCS to obtain items such as school records, medical records, insurance or TennCare information. DCS will request that you provide basic health information about your child and provide a copy of your child's Social Security card and health insurance card.

A home visit will be scheduled. The purpose of the home visit is to obtain information for the functional assessment of the child and family. You can expect this visit to last approximately one (1) hour and at least one (1) parent or guardian needs to be present.

An initial child and family team meeting (CFTM) will be held (within 7 days of commitment) and will include the parents and/or guardians, DCS staff, the child, attorneys and any others who may have a significant influence in the child's life. Within thirty (30) days, an initial permanency planning CFTM will be held. In this meeting, concerns, risks, and goals for the child and/or family will be identified and a permanency plan created. Everyone's responsibilities will be outlined in that document. The responsibilities will be reasonably related to the goal, to remedy the conditions which necessitated foster care, and must be in the best interests of the child. The plan will then be sent to the Court for ratification and will then become a legal document.

The DCS Case Worker will maintain contact with you to ensure all needs are being met. Either the Court or a Foster Care review board will review your child's case at least every six (6) months.

Your child will be released from custody when ordered by the Court. The release date depends on the circumstances at the home that the child will be returning to and progress of the parents or guardians toward their plan.

Foster Care

When children are not able to stay safely in their own homes and there isn't a relative who can take them in, they often have to come into state custody.

In Tennessee, we place a strong emphasis on keeping children in a family-like setting. The Tennessee Department of Children's Services strives to keep sibling groups together and our staff does everything it can to keep kids as close to their home communities as possible.

DCS recruits foster families, who we call Resource Parents, to provide safe and supportive homes in which the children's emotional, physical and social needs can be met.

Foster care is a temporary service until the family and in some cases, the child, can address the problems which made placement necessary.

When parents cannot, or will not, make their home safe for the child's return, other permanent options are sought. These include adoption or, for older youth, independent living arrangements.

Kinship Foster Care

We at DCS believe strongly that children who must leave their homes do the best when they are able to live with people they already know or have an established relationship or connection. Kinship care refers to cases in which the children are placed in the legal custody of the State by a judge, and DCS then places the children with grandparents or other kin (strong relationship, not necessarily relatives).

In these situations, DCS, acting on behalf of the State, has legal custody and must answer to the court, but the kin have physical custody. DCS, in collaboration with the family, makes the legal decisions about the children, including deciding where they live. DCS is also responsible for ensuring that the children receive medical care and attend school. If the court has approved visitation with parents, DCS is responsible for making sure that the visits occur between parents and children. In kinship care, the child's relative caregivers have rights and responsibilities similar to those of nonrelative foster parents.

All relative caregivers must complete Foster Parent training (PATH) and the home study process within 120 days of a child/children being placed in their home. It is only after this training is complete that DCS can provide regular financial support through foster care board contracts.

Juvenile Justice

In Tennessee, young people who are adjudicated delinquent after breaking the law are placed with DCS. Many of them have been victims of trauma, abuse and neglect themselves. DCS offers a range of mental-health services, treatment programs, in addition to highly effective educational programs and vocational training.

DCS is required to place these youth in the least restrictive setting possible. Many of our students participate in programs that are operated by our network of private providers. These populations of young people often have mental-health issues and substance-abuse problems that department staff and providers work to address.

Those with more serious crimes on their records — generally at least two felonies or crimes against a person — are housed at one of our secure-care facilities. Tennessee operates three youth development centers (YDC). They operate as year-round schools and offer a wide range of case management and therapeutic services, but unlike other schools, they are hardware-secure facilities. The students' movements are largely managed by children's services officers, and the grounds are surrounded by tall anti-climb fences.

If a youth's behavior becomes out of control at the YDC and he is at risk of harming himself or others, staff may use Restrictive Behavior Management techniques to protect the youth and others from harm. Restrictive Behavior Management includes methods such as physical restraint, handcuffs, leg shackles, or placing a youth in confinement. These methods are only used in emergency situations. As soon as the youth calms down and is no longer a threat to himself or others, he will be released from confinement and/or the restraints. You will be notified within 24 hours if any of these methods are used with your child.

It is DCS's job to try to get these young people back on track. Each student has a case worker who follows his or her progress. Regular child and family team meetings are held so that parents and guardians can discuss concerns and monitor a student's progress.

Often, these students are far behind their peers in school. Our education specialists determine each student's needs and get them back on track for educational success.

Permanency Planning

Permanency plans are created to ensure that you and your child's needs are met while he or she is temporarily in the custody of DCS and that he or she is safely and permanently placed back in the care of a family/relative/kin in a timely manner. The plan shall include all necessary actions to be completed by the parents, child and/or DCS to facilitate the child achieving his or her permanency goal.

Permanency plans will be developed during a CFTM and, to the extent possible, will reflect the consensus of the meeting's participants while still meeting DCS' responsibility to ensure safety, permanency and well-being for your child.

Unless parental rights have been terminated, all known parents, including legal, biological, and alleged fathers shall be included in the permanency planning process. Your child's participation will be requested if he or she is 6-years-old and capable and required at age 12 and older.

You may identify and invite outside resources, such as extended family members or other support persons, to help develop the plan and to support you throughout your involvement with DCS.

If your child will temporarily live in a foster home, or receives residential treatment, this will be discussed and determined at the CFTM. You will be a part of this decision making process.

If your child is on TennCare you have a right to appeal decisions made about TennCare funded services provided by DCS. You will be provided a notice of appeal rights, called a *Notice of Action*, and a TennCare Medical Appeal form at the CFTM. The permanency plan can be revised when new issues that hinder accomplishment of the permanency goal arise, when there is a change in the time frame for meeting the goals, or when there is a need for changes in services or treatment for you or your child, but never less often than annually. The permanency plan can also be revised when accomplishments and successes are occurring that will aid in achieving permanency sooner. A Permanency Plan review Child and Family Team Meeting should occur at least every three months. The permanency plan must be approved by the Juvenile Court.

If you do not agree with the plan or the revised plan, you have the right to present your concerns at the court during the hearing for approval of the plan.

Informed Consent

As indicated in the parent responsibilities section, a child's parent, unless or until parental rights are terminated, has the legal right and responsibility to consent to medical treatment for his/her child in most circumstances. DCS will have the child's parent sign an Authorization for Routine Health Services for Minors form at the time the child enters state custody or no later than the initial CFTM. The form allows for the child to receive general medical treatment and Early Periodic Screening, Diagnosis and Treatment (EPSD&T) and follow-up. DCS is authorized by virtue of the Court's order granting DCS legal custody to consent to ordinary and/or necessary medical care and/or treatment and may provide consent without parental permission if absolutely necessary. Further treatment or psychotropic medication require a separate informed consent once the parent or legal guardian have received sufficient information about the risks and benefits of taking and not taking a prescribed or recommended treatment by the health care provider.

If the parent refuses to consent to medical treatment or procedures, DCS will consult with the prescribing health care provider. If it is determined that the treatment is "ordinary and necessary" to protect the child from harm and receiving the treatment is in the best interest of the child, DCS will give consent for the treatment. If the treatment is determined to be necessary but beyond the scope of authority outlined by the Court then DCS will ask the Court to decide what should be done.

Tennessee law presumes that a child age fourteen (14) and older has the maturity to consent to medical treatment, but it must be determined on a case-by-case basis by the prescribing health care provider. Because of that presumption, some providers may require both parental consent and the consent of the older minor.

The decision by a mature fourteen (14) year old or older child to refuse medical treatment or tests shall not be overridden by DCS or a parent giving consent for refused treatment if the provider has determined the child is mature enough to make the decision.

Children with serious emotional disturbances or mental illness who are sixteen (16) years old or older have the same rights as adults with respect to outpatient and inpatient mental health treatment, medication decisions, confidential information and participation in conflict resolution procedures.

If a child fourteen (14) years old or older refuses to consent to medical treatment or procedures, DCS will consult with the prescribing health care provider. If it is determined that the treatment is necessary to protect the child from harm and having the treatment is in the best interest of the child, DCS will ask the Court to decide what should be done. .

Your child has the right to practice the religion of his or her choice within reason and will be provided opportunities to do so.

Behavior Management and Restrictive Interventions for Children in Custody

DCS requires that all DCS staff and all facilities serving children in state custody use positive behavior management techniques that provide positive incentives for good behavior and minimize reliance on intrusive and restrictive disciplinary measures. DCS policy prohibits the use of any form of corporal punishment on any child in custody.

DCS seeks to prevent and eliminate the use of physical restraint and to protect the child/youth's health and safety while preserving his or her dignity. Restrictive interventions such as physical restraint will be used only in circumstances in which a child or youth poses an imminent risk of harm to self or others.

Restrictive interventions will never be used as a means of punishment, discipline, coercion, and absence of treatment or programming, or due to staff convenience or retaliation by staff.

TennCare Appeals

If your child needs a health screening, or a prescribed health service, and there is a delay, denial, reduction, termination or suspension of that service, you have the right to file an appeal regarding this determination (adverse action). DCS Case Workers and DCS Child Health staff will assist you in accessing TennCare services for your child and in filing an appeal if there is an adverse action.

As indicated above, if DCS is responsible to provide a TennCare funded placement service, you have the right to appeal that determination (adverse action). If a placement decision is made involving a TennCare funded placement, a Notice of Action and TennCare Medical Appeal form will be provided at the CFTM or mailed to you if you did not attend the CFTM.

Credit Checks & Independent Living

All youth who enter custody and are 14+ years of age will have an annual credit history check completed on Transunion, Experian and Equifax to address any inaccuracies in their credit report. Youth will be engaged in this process in order to learn valuable independent living skills regarding credit and credit reporting. If any inaccuracies are found in your child's credit report, your case worker will be sure to address those with you.

Termination of Parental Rights: Voluntary & Involuntary

You may voluntarily surrender your parental rights by appearing before the Judge of Chancery, Circuit or Juvenile Court and signing a voluntary surrender form. If you decide that you would like to surrender your rights, you should discuss it with your Family Service

Worker. DCS can refuse to accept the surrender of a child. Birth parents can access counseling and legal assistance if they are considering surrendering their parental rights. Please contact your Family Service Worker for more information.

Parental rights may be terminated involuntarily if the Judge of a Chancery, Circuit or Juvenile Court finds on the basis of a petition alleging that statutory grounds for termination have been established and that termination is in the child's best interest. You will be appointed an attorney to represent you in the court proceedings, if the Court determines you cannot afford to hire your own attorney. Conditions that can justify termination of parental rights against a parent include: abandonment, wanton disregard, lack of concern, substantial non-compliance with the permanency plan, conditions which led to removal have not been remedied or other conditions prevent return, severe child abuse, ten-year prison sentence and/or mental incompetence. Birth parents can request a referral for counseling and support to cope with voluntary and involuntary termination of parental rights, grief, separation, loss, and the life-long implication of placing a child for adoption when appropriate.

If a parent's parental rights have been terminated (either voluntarily or involuntarily), it means that the parents are no longer legally responsible for that child. He and/or she cannot make medical, educational, or any other type of decisions regarding the care of the child. The parent will not be notified of any future legal proceedings for the child. Once all parents' rights are terminated on a child, that child becomes eligible for adoption.

"Open adoption" typically refers to an adoption in which the birth parent maintains some legal rights to visit and obtain information about the child after the adoption is finalized. The State of Tennessee does **not** have an "open adoption". However, there are times when an adoptive parent is willing to work with the birth parent to maintain contact and/or visits. DCS can facilitate these conversations, but it is the decision of the adoptive parent whether contact with the birth parent is allowed.

In the State of Tennessee, birth parents have the following rights after their child has been adopted:

- Once an adopted child reaches the age of twenty-one (21), eligible parties (including birth parents) can request access to the child's adoption record if that child gives written consent. **T.C.A. 36-1-127.**
- The state can release non-identifying information to a birth parent without the consent of the adopted child. **T.C.A. 36-1-133.**
- The Contact Veto Registry is available to a parent that voluntarily surrenders their parental rights. This Registry allows parents, siblings, spouses, grandchildren and legal representatives of the adopted child to maintain a record of their contact information. If an adopted child wants to make contact with a person on the registry after they turn 21, they will have access to this information if they request it. **T.C.A. 36-1-128 through 36-1-129.**

You may call 615-253-4676 and ask to speak with someone regarding the Contact Veto Registry.

You may also mail requests for information to:

Department of Children's Services
Attn: Access to Sealed Records
315 Deaderick St.
10th Floor UBS Building
Nashville, TN 37243

Once an adoption has been finalized, the foster care and adoption record is sealed and cannot be accessed except in the situation described above. Parents' confidentiality is maintained as described in the "Confidentiality" Section of this handbook.

Birth parents have the right to participate in the CFTM until their parental rights have been terminated. These meetings can include discussions regarding DCS plans on filing a petition to terminate a parent's rights, adoption placement, TPR process, assistance available to parents, the child's progress, and any other concerns. DCS encourages all parents to participate in CFTM's so they can provide input regarding their child.

When Your Child Exits Custody

If your child is returning to your care, you have the right to information about their reapplication for TennCare benefits, which can be done at your local Department of Human Services (DHS) office. Your Family Service Worker should provide this information.

Glossary

Adjudication: The outcome of the Court's process to determine the validity of allegations made in a petition or complaint. The process consists of the presentation of witnesses and evidence by oral testimony or written statements, and arguments by counsel or the parties. The court decides the case based on the proof presented by the parties and their arguments. For example, the court determines whether or not a child is dependent and neglected and then makes a disposition of the child either immediately or at a later

date. (See Disposition Hearing).

Allegation: A charge or claim of fact in a report of child abuse or neglect or in a petition. It must be proven if the report or petition is to be found true. The abuse report lists specific events, injuries, or threats (such as cuts, bruises, welts, or medical neglect) referred to as the report allegations. The report also suggests the type of allegation (such as physical abuse, neglect, sexual abuse, or emotional abuse) as an introduction to the report's specific allegations.

Child's Attorney: The attorney appointed by the Court, or retained by the child or his/her family to represent the wishes of the child. The child's attorney differs from the Guardian ad Litem in that the Guardian ad Litem represents the child's best interests to the Court even if the child's best interests differ from what the child wants. Under most circumstances when a child is alleged to be unruly or delinquent, that child is entitled to an attorney prior to adjudication and disposition as long as that constitutional right is not waived. However, in a dependent, neglected or abused allegation, a Guardian ad Litem must be appointed by the Court for that child.

Caretaker: Person responsible for a child's care, whether that person is a parent, legal guardian, or an adult temporarily in a parent's role, as in institutional or out-of-home settings.

Classification Staffing: A meeting called for the purpose of discussing diagnostic data, identifying problems and strengths, formulating recommendations and deciding a youth's placement.

Custody: The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental and morale well-being of the child TCA 37-1-102 (b) (8).

Child Support: Court ordered or voluntary money payments made to or on behalf of a child by the parent(s) (legal or natural parent(s) who admit(s) paternity). Child support paid while a child is in the custody of the Department of Children's Services may be used to reimburse the State for the child's board payment and other costs of care in compliance with applicable state and federal laws and regulations.

Disposition Hearing: A juvenile Court hearing during which arguments are made as to what should be done with a child already adjudicated to have been abused, neglected, unruly, or delinquent. This hearing is often combined with the adjudicatory hearing, but it may be scheduled up to 15 days later if the child is in custody (or 90 days if the child is not in custody). Further evidence is presented at this time to determine if the child will be placed in foster care, will remain in foster care or some other placement, or will remain with the parents.

Early Periodic, Screening, Diagnostic and Treatment Services (EPSD&T): A Medicaid entitlement program for children under the age of 21. In Tennessee, EPSD&T benefits are provided by TennCare, the State's Medicaid agency. EPSD&T includes periodic screenings to provide preventive (early) health care for children and youth, as well as any medically necessary care even if the service is something that would not be covered for an adult on TennCare.

Ex Parte Review: A chance for a Judge to hear only one party's side at that time. However, a Judge will set a later time for all parties to be included. While fairness and the law dictate that all sides get an equal hearing before a Judge, this isn't always possible. For example, if parents who pose a risk to a child are threatening to flee, a Judge may hold an ex parte review to hear Family Service Workers' concerns without alerting the people who are threatening to leave with the child.

Family Crisis Intervention Program (FCIP): A brief intervention with families who have unruly children at risk for state custody. The intervention is designed to help the family and child through the present crisis period so they can access less intrusive community services without requiring further Court intervention and/or custodial care from the Department of Children's Services. TCA 37-1-168

Foster Care Review Board (FCRB): An advisory body appointed by the Juvenile Court Judge, which reviews the status of each child's care in DCS custody at least once within the first ninety (90) days of initial placement and least every six (6) months thereafter.

Family Service Worker: A DCS employee responsible for providing case management services to children under the State's supervision, in State custody, or at risk of State custody and their families.

Guardian: Parents are natural guardians of a child. The Court may appoint a guardian for a child whose parent(s) is (are) deceased. The Court may give guardianship to DCS following a termination of parental rights. DCS may, pursuant to TCA, act as guardian when there is no natural guardian or when a minor has been abandoned. The guardian of a child, if appointed by the Court or if acting under statute, has all the duties of a parent to provide for the child's support, education, and medical care, subject only to the parent's, if any, remaining rights.

Guardian ad Litem (GAL): The attorney appointed to represent the best interests of the child in Court proceedings. The Guardian Ad Litem's role differs from that of an attorney for the child, in that the child's attorney is bound to do what the child, his client, directs, while the Guardian Ad Litem must represent the child's best interests to the Court, even if the child's best interests differ from what the child wants. The Guardian Ad Litem represents the child in litigation only but is not responsible for the child's care on a daily basis.

Group Home: A home operated by any person, agency, corporation, or institution or any group which receives 7 to 12 children under 17 years of age for full-time care outside their own homes in facilities owned or rented and operated by the organization.

Informed Consent: The agreement to treatment given after the patient, legal custodian, and/or legal guardian has received sufficient information about the risks and benefits of taking and not taking a prescribed or recommended treatment.

Interpreter: A person who translates orally for parties conversing in different languages.

Juvenile Court: A Court with jurisdiction under Tennessee statutes to hear and decide matters pertaining to children.

Permanency Planning: The process of intervention and decisive casework on the part of the case manager. Such intervention focuses on choosing the least restrictive permanent outcome for the child, i.e., return to parent, relative placement, adoption, independent living or permanent foster care, in a timely manner.

Petition: A formal written application to the Court requesting judicial action on a certain matter.

Reasonable Efforts: The department's obligation under state and federal law and as a part of sound casework practice, to attempt risk reduction services prior to removing children from their homes and subsequent to removal, to make it safe for the child to return home. If DCS must remove the child, the Court's disposition order must include documentation of the reasonable efforts that DCS exhausted in order to prevent foster care or to prove that services could not reasonably be expected to protect the child.

Magistrate: An attorney appointed by the Juvenile Court Judge to hear cases. A magistrate serves at the pleasure of the appointing Judge and has the same authority as the Juvenile Court Judge to issue any and all process. In the conduct of the proceedings, the magistrate has the powers of a trial Judge. Most findings made by a referee are appealable to the Juvenile Court Judge upon a motion by any party. For more specific information, see T.C.A. § 37-1-107.

Restitution: A legal action serving to make good of, or give back an equivalent for some injury or deed.

Staffing: A team composed of at least three (3) professional personnel and the youth who meet for the purpose of discussing diagnostic data, identifying problems and strengths, and formulating recommendations including the youth's placement(s).



Tennessee Department of Children's Services
Notification of Equal Access to Programs and Services and Grievance Procedures

Title VI of the Civil Rights Act of 1964 makes it illegal for people to be discriminated against on the basis of their race, color or national origin in all programs, benefits, and services provided by the Department of Children's Services (DCS) which receives Federal Financial Assistance. The Americans With Disabilities Act Amendment of 2008 (ADA) and the Rehabilitation Act of 1973 makes it illegal for people to be discriminated against on the basis of disability in all programs, benefits, and services provided by DCS that receives Federal Financial Assistance."

It is the policy of the State of Tennessee, Department of Children's Services, to ensure that all management staff, contractors, and service beneficiaries are aware of the provisions of Title VI of the Civil Rights Act of 1964 and the Americans With Disabilities Act Amendment of 2008 (ADA) as well as the Rehabilitation Act of 1973. If you feel that you have received disparate treatment based on race, color, national origin, disability or any other classification protected by Federal and/or Tennessee State Law, you are encouraged to file a complaint with the DCS Office Civil Rights. To file such complaint, you should do the following:

1. You must file a written complaint within one hundred-eighty (180) days to the date of the alleged discrimination. You are encouraged to file your complaint as soon as possible in order to allow sufficient time to file an appeal with an external agency if you are not satisfied with the results of the DCS investigation.
2. In your complaint, be sure to include your name, address, and telephone number.
3. The complaint should contain the name and address of the agency, institution, or department you believe discriminated against you.
4. Indicate how, why, and when you believe you were discriminated against. Include as much specific detailed information as possible about the alleged acts of discrimination and any other information that you deem relevant to your complaint.
5. If known, provide the names of any persons who the DCS Office of Civil Rights could contact for clarity regarding your allegations.
6. Please sign your written complaint and then submit it to:

**Office of Civil Rights
 Department of Children's Services
 UBS Tower, 12th Floor
 315 Deaderick Street
 Nashville, TN 37243
 Telephone: (615) 532-5552
 Fax: (615) 532-7602**

7. You may also file your complaint in writing to the offices listed below:

**Director
 Tennessee Human Rights Commission
 Attention: Title VI Compliance
 William R. Snodgrass Building/Tennessee Tower
 312 Rosa L. Parks Blvd, 23rd Floor
 Nashville, TN 37243
 Telephone: (615) 741-5825
 Fax: (615) 253-1886**

or

**Director
 Office for Civil Rights
 U.S. Department of Health & Human Services
 61 Forsyth Street, S.W.
 Suite 3B70
 Atlanta, GA 30323
 Telephone: (404) 562-7886
 Fax: (404) 562-7881**

You should file a complaint under this procedure if you feel you have been excluded from participation in, denied the benefit of a service or subjected to discrimination under a program or activity receiving federal financial assistance from the Department of Children's Services.

I have read the above procedure of how to file a Title VI or ADA complaint. This procedure was explained to me in detail and a copy was issued to me for my records. I was advised that this form is available in other languages.

Signature

Date

Witness

Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child/Youth's Case File

Copy: Client

CS-0158, Rev. 1/17





Tennessee Department of Children's Services Notice of Privacy Practices

This notice is only for your information. You do not have to do anything with this information.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Effective Date of This Notice: October 2, 2017

Information About Your Health is Confidential

The Department of Children's Services (DCS) is required by law to maintain the privacy of information about your health and your child's health. DCS is required to give you this notice which describes the rules of the privacy law that we must follow to keep information about you or health and your child's health confidential. These rules are subject to change by the federal government, and our Department is obligated and committed to tell you about any important changes which may be made in the future. DCS reserves the right to change its privacy practices described in this notice and apply those changes to any health information DCS maintains. We will give you a copy of any revised privacy notice while you are receiving services from DCS. DCS is required to follow the Privacy Notice currently in effect. DCS is required to notify you if there is a breach of your unsecured health information. Everyone who works with our Department must agree to keep health information private. The people who work with us include, but are not limited to:

- Department of Children's Services (DCS) employees
- Foster Parents
- DCS contract providers and their employees
- TennCare and TennCare health plans
- The State of Tennessee
- The Federal government
- Companies that have contracts with the State of Tennessee or the Federal government
- Health care providers, like a doctor or therapist

How DCS Uses Information About Your Health or Your Child's Health

When you and your child begin receiving services from DCS, we obtain health information about you and your child in order to provide those services. DCS is involved in providing services such as Family Support Services or Family Crisis Intervention for children who are not in DCS custody. DCS is also involved in providing court-

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Distribution: Copies: Pages 1-3 – Client

Page 4 –Signed Client Acknowledgement -Case File

ordered probation and aftercare services. The health information that DCS obtains in providing these services may include things such as the need for counseling, therapy, or substance abuse treatment.

When a child comes into DCS custody, the court will give DCS the authority to consent to any necessary and routine medical care for that child. DCS may need to consent to medical care for a child in custody because the parent or legal guardian is not available or is unwilling to consent to medical care for the child. DCS needs as much information as possible about the child's health to make sure the child gets proper health care. This would include such things as:

- Notes or records from the child's doctor, drugstore, hospital or other health care providers
- Lists of illnesses the child and family members now have or have had before
- Lists of the medicines the child takes now or has taken before
- Results from x-rays and lab tests

DCS Shares Information About You and Your Child Only as the Law Allows

DCS would share information about you or your child to:

Make sure that you get the treatment you need;

Pay health care providers;

Check on our program to ensure you are receiving quality health care;

Help if anyone's health or safety is in danger;

Prove that your child is enrolled in TennCare with your child's doctors or other providers;

Check how health programs are working. Your information may help us find insurance fraud;

Report cases of abuse or neglect;

Tell you about appointments and other health information. We may send you or your child reminders for your child's check-ups. We may also send you information about health services that may be available to you;

Obey laws on workers' compensation.

DCS may share information about you and your child with:

Your family, foster families, or others who are involved in your child's care;

The Court when the law says we must or we are ordered to do so;

Schools or school nurses so they can treat your child or watch for any signs and symptoms of an illness or condition your child may have;

TennCare Consumer Advocates or attorneys who represent your child on a TennCare appeal or are trying to help your child access services;

Law enforcement;

Public health agencies to update records for births and deaths or to track diseases;

A coroner, funeral home, or people dealing with organ transplants;

Medical research organizations. They must keep information about you and your child private.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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**DCS may share information for research if we take out the identifying information that tell who you and your child are;
Government agencies involved in military and veteran's activities, national security activities or correctional institutions.**

DCS May Need Written Approval to Share Private Health Information

When we need approval to share private health information, we must ask for it on a written authorization form. You can take back your approval at any time, but you must tell us in writing.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

See and get copies of your health records. If you want a copy, you must ask for it in writing. We may charge a fee for the cost of copying and mailing. DCS has the right to refuse to disclose certain information. If we cannot give you the information you want, we will send you a letter that tells you why.

Ask questions about how we share your health information or ask questions about the information in this notice.

Complain about how we share your health information. Please refer to the section in this notice entitled,

Contact DCS with Questions or Complaints Regarding Your Rights to Privacy.

Ask us to change health information that is wrong. You must ask us in writing. You must give us a reason why we need to change it. We may not be able to agree to the change. If we cannot make the change, we will send you a letter that tells you why.

Ask us for a list of who got your health information. The list will tell you who got your information. You must ask us in writing for a copy. The law says that we do not have to give you a list when:

- We have your written authorization to give out your health information;
- We use it to help you get health care;
- We use it to help with payment for your care;
- We use it to operate our programs.

Ask us not to share certain information about your health. You must ask us in writing. You must tell us what information you do not want shared, and with whom you do not want us to share that information. There may be some cases when we cannot agree to your request. If we cannot agree to your request, we will send you a letter that tells you why.

Take back your approval for us to share your health information. If we ask you to sign an authorization form, you can take it back at any time. You must do it in writing (to the

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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appropriate DCS office or facility that is maintaining your records). This will not change any information that we have already shared.

Ask us to contact you in a different way or at a different address. You must ask us in writing, and tell us why we need to change.

Ask for another copy of this notice or copies of any new notices.

The Rights Listed Above Apply to the Following Persons

Persons 18 years old or older and emancipated minors, regarding their own health information;

Persons 16 years old or older who have mental illness or serious emotional disturbance, regarding their own mental health information;

Persons who have the legal authority to make health care decisions for another individual, regarding the health information of the individual. **Note:** *The law defines this being someone's "personal representative". DCS will have to verify that you are authorized to be someone's personal representative. DCS may also decide to not treat you as the personal representative of someone with regard to their private health information, if we believe that you have abused, neglected, or subjected that person to domestic violence, that treating you as their personal representative could put that person in danger, and that it is not in the best interest of the person to treat you as their personal representative;*

Persons under the age of 18 in specific situations where they consent to treatment that does not require parental consent, or when the doctor has determined that the minor is mature enough to consent to treatment and the doctor does not require parental consent. In these situations, the minor has privacy rights about their own health information related to such treatment.

How to Contact DCS with Questions or Complaints Regarding Your Rights to Privacy

Do you have questions or a complaint about your right to privacy? You can send your question or complaint to one of the following offices below. Asking questions or making a complaint will not have any affect on the services that you or your child receives. Be sure to include in your letter the name, birth date and social security number of yourself, your child or the person you are representing and keep a copy for your records.

<p><u>Send complaints or questions to:</u> Customer Relations Unit Department of Children's Services 315 Deaderick St., UBS Tower, 7th Floor Nashville, TN 37243-1290</p>	<p><u>You may also send complaints to:</u> Office for Civil Rights U.S. Department of Health and Human Service Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW Atlanta, GA 30303-8909</p>
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Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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Toll free telephone number: 1-800-861-1935

E-Mail: DCS.Custsrv@tn.gov

Voice phone (404) 562-7886

FAX (404) 562-7881

TDD (404) 331-2867

For complaints filed by email send to:

OCRComplaint@hhs.gov

THIS NOTICE AND THE INFORMATION CONTAINED HEREIN DOES NOT APPLY TO THE RELEASE OF SEALED ADOPTION RECORDS, PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 36.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Copies: Pages 1-3 – Client

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Tennessee Department of Children’s Services
**HIPAA Notice of Privacy Practices – Client
 Acknowledgement**

The purpose of the *Notice of Privacy Practices* information that you have been given and asked to read is to inform you about the law protecting your health information and how the Department of Children’s Services may use your health information.

This *Notice* describes your privacy rights regarding your health information and how you may exercise those rights. This *Notice* also gives you information about where to direct your questions or comments about the policies and procedures the Department of Children’s Services uses to protect the confidentiality of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Client Acknowledgement

I have received the Department of Children’s Services (DCS) *Notice of Privacy Practices*, which describes how DCS may use my health information, my rights to privacy regarding my health information, and how I can exercise those rights.

Signature - Client (or Personal Representative)

Date

Note: Department of Children’s Services retains this signed page. The Client retains the Notice of Privacy Practices information attached.

Check the “Forms” Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Copies: Pages 1-3 – Client

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**Tennessee Department of Children’s Services
 Authorization for Release of Information and HIPAA Protected Health Information TO
 or FROM the Department of Children’s Services and Notification of Release**

A. AUTHORIZATION FOR RELEASE TO DCS

I, _____ hereby authorize release of the information specified on page 2, to any representative of the Tennessee Department of Children’s Services bearing this release or a copy of this release, including any information deemed to be confidential. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children’s Services. Failure to grant access to the requested information may result in a court order for the information.

B. AUTHORIZATION FOR DCS TO RELEASE

I, _____ hereby authorize the Tennessee Department of Children’s Services to release the information specified on page 2, to the person/entity specified on page 2. I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 2 of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.

_____	_____	_____
<i>Authorizing Signature</i>	<i>Print Name</i>	<i>Date</i>

_____	_____	_____
<i>Name of Client’s Representative (Print)</i>	<i>Signature of Client’s Representative</i>	<i>Date</i>

_____	_____	_____
<i>Name of Witness (Print)</i>	<i>Signature of Witness</i>	<i>Date</i>

Relationship to client and authority to release confidential information	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian*		
	<input type="checkbox"/> Legal Custodian*		
<input type="checkbox"/> Conservator*	<input type="checkbox"/> Personal Representative for HIPAA*	<input type="checkbox"/> Other*, specify:	

***Proof of authority to release information, such as a court order or Power of Attorney document, must be provided.**

<u>Collins</u>	<u>Travis</u>	<u>5/4</u>	<u>213-74-6398</u>	<u>Male</u>	
<i>Name: (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>Date of Birth</i>	<i>Social Security</i>	<i>Gender</i>

Other Legal Names: _____ Address: _____ Place of Birth: _____

_____	_____	_____	_____
<i>Home Telephone No.</i>	<i>Cellular Telephone</i>	<i>Work Telephone</i>	<i>Alternate Telephone</i>

Type of Information Requested (check ONLY one):

- 1. Education records, including transcripts, GED, TCAP, Special Education
- 2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. *Does not apply to employees or volunteers.*
- 3. Medical records, including examinations, laboratory tests, and prescribed treatments. *Does not apply to employees or volunteers.*
- 4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results
- 5. Employment Records
- 6. Personal Finance/Credit History/Insurance Records (as applicable)
- 7. Other

Authorization Expires: in one year in 90 days On _____/_____/_____
(Authorization not to exceed one year.)

Name of Provider/School/Entity Releasing Info to DCS or Receiving info from DCS:

Specific Information Requested:

Purpose of the Requested Release/Disclosure:

Check all that apply: Arrange/Access Services CPS Investigation Juvenile Court Case
 Other: _____

_____ <i>Authorizing Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Name of Client's Representative (Print)</i>	_____ <i>Signature of Client's Representative</i>	_____ <i>Date</i>
_____ <i>Name of Witness (Print)</i>	_____ <i>Signature of Witness</i>	_____ <i>Date</i>

HIPAA Authorization for Release of Protected Health Information:

I hereby authorize the use or disclosure of my individually identifiable health information as described above. I understand the following: (1) This authorization is voluntary. (2) If the person or organization authorized to receive the information is not a health plan or health care provider the released information may no longer be protected by federal privacy regulations. (3) My ability to receive health care, eligibility for health care, or the payment for my health care will not be affected if I do not sign this form. (4) I may see and copy the information described on this form if I ask for it, and I get a copy of this form after I sign it. (5) I may revoke this authorization at any time by notifying the person/organization(s) in writing, but if I do it won't have any effect on actions taken before the revocation was received. (6) Any release made in reliance on this authorization prior to receiving revocation of the release shall not constitute a violation of HIPAA or my confidentiality rights.

I have read this section. _____ OR This section was read to me. _____
Initial Initial

If the individual who is the subject of the information requested is a Child Under the Age of 18, the Child's Parent(s) or Legal Guardian Must Sign This Release. **EXCEPTION:** Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.



Tennessee Department of Children's Services
Authorization for Release of Information and HIPAA Protected Health Information TO
or FROM the Department of Children's Services and Notification of Release

A. AUTHORIZATION FOR RELEASE TO DCS

I, _____ hereby authorize release of the information specified on page 2, to any representative of the Tennessee Department of Children's Services bearing this release or a copy of this release, including any information deemed to be confidential. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services. Failure to grant access to the requested information may result in a court order for the information.

B. AUTHORIZATION FOR DCS TO RELEASE

I, _____ hereby authorize the Tennessee Department of Children's Services to release the information specified on page 2, to the person/entity specified on page 2.

I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 2 of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.

<i>Authorizing Signature</i>	<i>Print Name</i>	<i>Date</i>
<i>Name of Client's Representative (Print)</i>	<i>Signature of Client's Representative</i>	<i>Date</i>
<i>Name of Witness (Print)</i>	<i>Signature of Witness</i>	<i>Date</i>

Relationship to client and authority to release confidential information			<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian*
<input type="checkbox"/> Conservator*	<input type="checkbox"/> Personal Representative for HIPAA*	<input type="checkbox"/> Other*, specify:			

***Proof of authority to release information, such as a court order or Power of Attorney document, must be provided.**

Collins	Travis	5/4	213-74-6398	Male
Name: (Last)	(First)	(Middle)	Date of Birth	Social Security
Other Legal Names: _____		Address: _____		Place of Birth: _____
<i>Home Telephone No.</i>	<i>Cellular Telephone</i>	<i>Work Telephone</i>	<i>Alternate Telephone</i>	

Type of Information Requested (check ONLY one):

- 1. Education records, including transcripts, GED, TCAP, Special Education
- 2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. *Does not apply to employees or volunteers.*
- 3. Medical records, including examinations, laboratory tests, and prescribed treatments. *Does not apply to employees or volunteers.*
- 4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results
- 5. Employment Records
- 6. Personal Finance/Credit History/Insurance Records (as applicable)
- 7. Other

Authorization Expires: in one year in 90 days On _____/_____/_____
(Authorization not to exceed one year.)

Name of Provider/School/Entity Releasing Info to DCS or Receiving info from DCS:

Specific Information Requested:

Purpose of the Requested Release/Disclosure:

Check all that apply: Arrange/Access Services CPS Investigation Juvenile Court Case
 Other: _____

_____ <i>Authorizing Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Name of Client's Representative (Print)</i>	_____ <i>Signature of Client's Representative</i>	_____ <i>Date</i>
_____ <i>Name of Witness (Print)</i>	_____ <i>Signature of Witness</i>	_____ <i>Date</i>

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EDUCATION PASSPORT

COMPLETE THIS FORM FOR EACH NEW SCHOOL

All forms and documentation listed below should be kept with the passport. Information contained on this passport is subject to confidentiality laws. This Education Passport [CS-0657] shall be generated only by DCS and serves as verification of custody upon presentation to the public school system. Court documents and information generated by the courts remain protected under Tenn. Code Ann. § 37-1-153.

PREPARED FOR PUBLIC SCHOOL (See Additional School Information)

School of Origin Grand High School

School of Zone Davidson

STUDENT'S INFORMATION

Child's Name Travis Collins

Foster Parent _____

Address _____

City/ST/ZIP _____

Telephone () - _____

Is This a Change of Address Notification? Yes No

MOTHER'S INFORMATION

Name Marilyn Steward

Address 416 Rambling Road

City/ST/ZIP Your City TN 37954

Telephone 615-564-8785

Parental Rights Terminated? Yes No

FATHER'S INFORMATION

Name Richard Collins

Address 894 Summer Circle

City/ST/ZIP Bovine VA 22193

Telephone 276-547-2341

Parental Rights Terminated? Yes No

FAMILY SERVICE WORKER'S INFORMATION

Name New Hire

Address _____

City/ST/ZIP _____

Telephone _____

Email _____

RECORDS CHECKLIST (REQUIRED)

	Enclosed	Not Applicable
1. Immunization Records		
2. Most recent grade card with attendance data		

3. Current transcript (for high school students)	X	
4. Current IEP (if applicable)		X
5. Current 504 Student Services Plan (if applicable)		X
6. TEIS screening results and Family Services Plan (if applicable)		X

ADDITIONAL SCHOOL ENROLLMENT INFORMATION

	Yes	No
1. Has student been officially withdrawn from previous school? (BID meeting required with exception of placement into residential in-house school.)		X
Date of BID Meeting:		
2. Is this student currently suspended or expelled from public school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
3. Are any medications needed during the school day?		X
If yes, list :		

LIST THE SCHOOL OF ORIGIN and PREVIOUSLY ATTENDED SCHOOLS

School System Name	School Name	Withdrawn Date
1. Davidson	Grand High School	
2.		
3.		

Child/Youth's Status: Check one box for each numbered item below.

1. School Age Under 3 yrs old Ages 3 to 5 (not in school) Ages 3 to 5 (receiving Sp. Ed)

2. Copy of H.S. Diploma enclosed Copy of GED/HISET Enclosed Not Applicable

Copy of other diploma enclosed (List type of diploma: _____)

Compiled by: _____ **Date:** _____



Distribution: Child/Youth's File

CS-0657, Revised 06/22
RDA 10223



Tennessee Department of Children's Services

School Notification Letter

To: Grand High School, (School of Origin) _____ (city), Davidson _____ (county)
 located in _____
 To: Grand High School, (School of Zone) _____ (city), _____ (county)
 located in _____
 Re: Travis Collins
 Date: _____

Travis has either:

recently been placed in the custody of the Tennessee Department of Children's Services

or

is currently in custody but has experienced a change of placement prompting a potential shift of school zones.

Placement Address: _____

Per the ESEA § 1111(g)(1)(E)(i), the SEA's and its agencies (LEA's) are required to collaborate with the state Child Welfare Agencies to ensure that a student entering foster care or experiencing a change of placement in foster care should remain in the school of origin unless otherwise determined that the school of zone (school of residency) would be more aligned with the student's best interest. As such, Tennessee Department of Children's Services (DCS) is requesting that a BID meeting be scheduled within 5 days to consider all factors for the student's educational stability.

TN DCS serves as the Educational Decision Maker for all routine education issues outside of those still maintained by legal parents for services under IDEA; legal parents, however, are encouraged to attend meetings facilitated by the school and shall be considered partners in school planning when possible or unless otherwise deemed unsuitable by DCS. To determine your primary contact for matters concerning ESSA or disciplinary procedures, please refer to the Family Service Worker indicated on the Education Passport.

Please note that the primary point of contact for routine education alerts and for the daily support for this student shall be the foster parent where student is residing. A contracted agency point-of-contact may be assigned for general case management.

Best Interest Determination teams must explore multiple considerations under ESSA when deciding the most appropriate educational placement. Although not all-encompassing, I would like to note the following factors of preference for Child's First Name in preparation of this process.

Determination: Mark either school of origin or school of zone.

	School of Origin	School of Zone		
Consideration Team	<input type="checkbox"/>	<input type="checkbox"/>	Evidence / Comments	DCS Rep's Initials
Child's/youth's attachment to school	<input type="checkbox"/>	<input type="checkbox"/>		
Placement of Sibling(s)	<input type="checkbox"/>	<input type="checkbox"/>		
IEP or 504 needs and supports	<input type="checkbox"/>	<input type="checkbox"/>		
Time in Transit	<input type="checkbox"/>	<input type="checkbox"/>		
Existing Services (ELL, Pre-K, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Other academic needs (advanced courses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

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Tennessee Department of Children's Services
Authorization for Release of Information to the
Department of Children's Services: TennCare Eligibility and
Authorization for the Department of Children's Services to Release
Information to TennCare

I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.

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Identifying Information of Individual to Whom this Release Pertains:

Name: Last	Collins	First	Travis		Middle	
Address						
City		State		Zip Code		
SSN	213-74-6398	DOB	5/4	Place of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Numbers: Home	() -	Work	() -	Cell	() -	
This form is effective from:	Date:	to	Date:			

Date not to exceed one year from begin date.

Signature: _____ **Date:** _____

Signature of Authorized Representative*: _____

Witness: _____ **Date:** _____

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Unable to locate requested information **Requested information could not be released**

Reason					
Information released by		Date			
DCS Contact Person	New Hire	Telephone Number			
DCS Office Address					

DCS Staff Requesting Release of TennCare Eligibility Info: _____ **Date:** _____

DCS Staff Who Accessed TennCare Eligibility Info: _____ **Date:** _____

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Name: Last		First		Middle	
Address					
City			State	Zip Code	
SSN	DOB	Place of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Numbers: Home		() -	Work	() -	Cell
This form is effective from:		Date:	to	Date:	

Date not to exceed one year from begin date.

Signature: _____ Date: _____

Signature of Authorized Representative*: _____

Witness: _____ Date: _____

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Name: Last		First		Middle	
Address					
City			State		Zip Code
SSN	DOB		Place of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Numbers: Home		() -		Work	() -
Cell					
This form is effective from:		Date:		to	Date:

Date not to exceed one year from begin date.

Signature: _____ **Date:** _____

Signature of Authorized Representative*: _____

Witness: _____ **Date:** _____

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Information released by				Date	
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Identifying Information of Individual to Whom this Release Pertains:

Name: Last	Steward	First	Marilyn	Middle	
Address	416 Rambling Road				
City	Your City	State	TN	Zip Code	37954
SSN	415-77-6543	DOB	3/20/1981	Place of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Numbers: Home	() -	Work	() -	Cell	615-564-8785
This form is effective from:	Date:	to	Date:		

Date not to exceed one year from begin date.

Signature: _____ **Date:** _____

Signature of Authorized Representative*: _____

Witness: _____ **Date:** _____

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Identifying Information of Individual to Whom this Release Pertains:

Name: Last	Collins	First	Richard	Middle	
Address	894 Summer Circle				
City	Bovine	State	VA	Zip Code	22193
SSN	406-95-1234	DOB	9/27/1980	Place of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Numbers: Home	() -	Work	() -	Cell	276-547-2341
This form is effective from:	Date:	to	Date:		

Date not to exceed one year from begin date.

Signature: _____ **Date:** _____

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City		State		Zip Code	
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I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released - no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Identifying Information of Individual to Whom this Release Pertains:

Name: Last		First		Middle	
Address					
City			State	Zip Code	
SSN	DOB	Place of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Numbers: Home		() -	Work	() -	Cell () -
This form is effective from:		Date:	to	Date:	

Date not to exceed one year from begin date.

Signature: _____ Date: _____

Signature of Authorized Representative*: _____

Witness: _____ Date: _____

*Authorized Representative means you have legal proof you can act for this person. A representative signs for an applicant who may or may not legally sign on his or her own. We may have to get this proof from you.

Unable to locate requested information Requested information could not be released

Reason					
Information released by				Date	
DCS Contact Person	New Hire		Telephone Number		
DCS Office Address					

DCS Staff Requesting Release of TennCare Eligibility Info: _____ New Hire _____ Date: _____

DCS Staff Who Accessed TennCare Eligibility Info: _____ Date: _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.



Tennessee Department of Children's Services
Authorization for Release of Information to the
Department of Children's Services: TennCare Eligibility and
Authorization for the Department of Children's Services to Release
Information to TennCare

I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

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Identifying Information of Individual to Whom this Release Pertains:

Name: Last	Collins	First	Michael	Middle	
Address					
City		State		Zip Code	
SSN		DOB	6/27	Place of Birth	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone Numbers: Home	() -	Work	() -	Cell	() -
This form is effective from:	Date:		to	Date:	

Date not to exceed one year from begin date.

Signature: _____ Date: _____

Signature of Authorized Representative*: _____

Witness: _____ Date: _____

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Unable to locate requested information Requested information could not be released

Reason			
Information released by		Date	
DCS Contact Person	New Hire	Telephone Number	
DCS Office Address			

DCS Staff Requesting Release of TennCare Eligibility Info: _____ New Hire _____ Date: _____

DCS Staff Who Accessed TennCare Eligibility Info: _____ Date: _____

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Tennessee Department of Children's Services
Authorization for Release of Information to the
Department of Children's Services: TennCare Eligibility and
Authorization for the Department of Children's Services to Release
Information to TennCare

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I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Identifying Information of Individual to Whom this Release Pertains:

Name: Last		First		Middle	
Address					
City			State		Zip Code
SSN	DOB	Place of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Numbers: Home		() -	Work	() -	Cell () -
This form is effective from:		Date:	to	Date:	

Date not to exceed one year from begin date.

Signature: _____ Date: _____

Signature of Authorized Representative*: _____

Witness: _____ Date: _____

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Reason					
Information released by				Date	
DCS Contact Person	New Hire	Telephone Number			
DCS Office Address					

DCS Staff Requesting Release of TennCare Eligibility Info: _____ New Hire _____ Date: _____

DCS Staff Who Accessed TennCare Eligibility Info: _____ Date: _____

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Tennessee Department of Children's Services
Kinship Exception Request

PART 1---FAMILY INFORMATION

Date: _____ Family Case Name: _____ Case #: _____

Child's Name	Date of Birth	Race	Sex	Special Needs
Travis Collins	5/4	White	Male	

PART 2---PARTIES RESPONSIBLE FOR COMPLETING KINSHIP EXCEPTION REQUEST

Requesting Case Manager:		<input type="checkbox"/> CPS	<input type="checkbox"/> FSW
Region:	Davidson	County: Davidson	New Hire
Reviewing Team Leader/Team Coordinator:			Date Reviewed:

KER APPROVED KER DENIED

Date consult note/form entered into TFACTS:			
Signature of KER Approver:		Date:	
Other Information/Regional Protocol Requirements:			

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
 Distribution:



RD 2982



Tennessee Department of Children's Services
Contact Sheets for Genogram

Child Name:	Travis Collins	DOB:	5/4/2006
Initiated by:	New Hire	Date:	Today

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	Smythe Home Health Services 5414 Wego Lane Hartford, TN 37954	Notified	2005 Married to Richard Collins, divorced in 2011 2015 Married to Jacob Steward		
Birth Father	Richard Collins	276-547-2341	894 Summer Circle, Bovine, VA 22193	Notified	2005 married to Marily, divorced in 2011 2021 married to Paula Collins		
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	Paula Collins		894 Summer Circle, Bovine, VA 22193		Yes-permanent		Richard and Paula Collins live in VA but are willing to take custody of the boys.
Step Father	Jacob Steward		112 First Ave. Apt 219 Hartford, TN 37954		No	23	Jacob Steward and Marilyn are getting a divorce and he is not interested in getting custody of the children.
Paramour	N/A						
Maternal Grandmother	Grace Wilson		1212 Lincoln Rd Polk, TN 37546		No	23	Grace states she wants to be a grandmother and does not have the space to take the boys

Maternal Grandfather	Phillip Wilson		5609 Warden Gate Hilton, TN 37546		Yes, permanent		Phillip and Evelyn Wilson are willing to be placement for the boys.
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Cousin							
Maternal Cousin							
Paternal Grandmother	Maria Collins		Columbia, South America		No	17	Maria and Juan Collins live in Columbia, South America
Paternal Grandfather	Juan Collins		Columbia, South America		No	17	Maria and Juan Collins live in Columbia, South America
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Cousin							
Paternal Cousin							
Adult Sibling	Andrew Newel		147 Stage Rd Dugger,TN 37546			3	
Adult Sibling							
Sibling's Parent	Matt Newel		147 Stage Rd Dugger,TN 37546				
Other Relatives	Evelyn Wilson		5609 Warden Gate Hilton, TN 37546				Relationship:

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

Ecomap

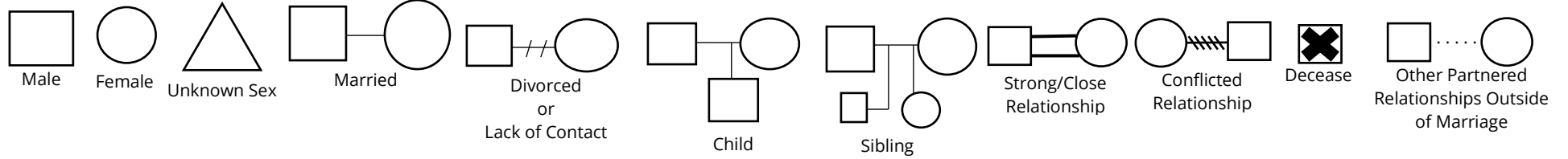
Community Support	Name/Agency	Phone	Address	Contacts/Important People to child/youth/family	Dates Attended/Services Delivered
Neighbors					

Genogram Diagram
CS- 0774 (Rev 6/22)

Neighbors					
Neighbors					
Neighbors					
School Personnel	Sarah Lane	615-555-5000			
School Personnel					
School Personnel					
School Personnel					
Church Friends	Pastor Tim Greg				
Church Friends					
Church Friends					
Church Friends					
Community Friends					
Community Friends					
Community Friends					
Community Friends					
Others	Courtney Shores	615-564-6260	New Life Counseling 754 Shady Ave Hartford, TN 37954		2023 CCFT

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Genogram Drawing (Optional)





1 Cameron Hill
Circle Chattanooga,
TN 37402
bluecare.bcbst.com



IMMEDIATE ELIGIBILITY FORM

What Is the Purpose of This Form?

The purpose of this form is to determine whether a child entering the custody of Tennessee's Department of Children's Services (DCS) is eligible for immediate access to TennCareSM benefits. This form is to be filled out by a DCS representative. It must be completed in full and faxed to: SelectKids Unit at 1-800-330-2842. Need help? Call 1-800-451-9147.

Date of DCS Custody: _____

Youth Development Center

PART 1: DCS Health Advocate Rep Information

Name: _____ Phone Number: _____

Fax Number: _____

Address: (Street/City/State/ZIP) _____

PART 2: Child/Applicant Information

Social Security number: **213-74-6398** _____ Name: Travis Collins _____

Primary Language: _____

Race:

- | | | |
|---|--|---|
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian |
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Unavailable/Unknown | <input type="checkbox"/> Asian | <input type="checkbox"/> Decline Is |

the child/applicant Hispanic/Latino? Yes No

Date of Birth: **5/4** _____ Sex: Female Male

County of Commitment: Davidson _____ County of Placement: Davidson _____

PART 3:

For Case Management, please call 1-888-416-3025.

PART 4: Provider and Other Insurance Information

Primary Care Provider of Choice: _____ Provider Number: _____

Other Insurance (besides TennCare): Yes No

Name of Insurance Carrier: _____ Effective Date: _____

Name of Policy Holder: _____ ID Number: _____

CERTIFICATION: I certify that the information on this form is true and correct to the best knowledge of DCS. I understand that the eligibility must still be processed through the Child Benefit Worker. The Bureau of TennCare determines the eligibility.

Signature: _____ Date: _____

(month/day/year)

BlueCare Tennessee, an Independent Licensee of BlueCross BlueShield Association.



Tennessee Department of Children's Services

Criteria and Procedures for Termination of Parental Rights

Your child has been placed in foster care. The department has an obligation to assist you in reunification with your child unless otherwise provided by law.

BE AWARE THAT YOUR PARENTAL RIGHTS CAN BE TERMINATED IF YOU FAIL TO DO CERTAIN THINGS.

Your rights to your child can be lost or terminated for, among other things:

- 1. Failing to pay child support regularly for four consecutive months, or failure to pay more than a small amount of support, unless you establish at the termination hearing that your failure to do so was not willful.**
- 2. Failing to regularly visit your child for four consecutive months, unless you establish at the termination hearing that your failure to do so was not willful.**
- 3. Failing to complete the tasks required of you on the permanency plan.**
- 4. Failing to make changes in your living situation so that the child can be returned to your care.**

These are general guidelines. There are other reasons that the court can take away your parental rights. Please see the remainder of this document for a more thorough explanation. If you have questions, please discuss them with the case manager or attorney. If you don't have an attorney you may want to seek legal representation. If you cannot afford an attorney, you can fill out a form to see if the court can appoint an attorney for you.

I. SURRENDER

You may terminate your parental rights **voluntarily** by appearing before a judge, or other official designated by law, and signing a voluntary surrender. You should discuss this option with your attorney or case manager, who will help you complete the forms and make an appointment for you with the appropriate person if that is what you decide and what is best for your child. Arrangements can also be made for parents who are in prison or living in other states or foreign countries to surrender their parental rights voluntarily before officials appropriate to their situation.

II. INVOLUNTARY TERMINATION

Your parental rights may be terminated against your will if the judge of a chancery, circuit, or juvenile court finds by clear and convincing evidence that there is a legal basis for termination and that termination is in the best interest of your child. You must be given notice that the Department of Children's Services (DCS) seeks to terminate your parental rights and there must be a trial where you may be represented by an attorney. If you are indigent, an attorney will be appointed for you at your request.

A. Tennessee law currently lists the following as **grounds for termination** of parental rights:

Always check the "Forms" Website for most current version. This form may not be altered.

Distribution: Child's Parent's and Child's Case File.

RD 11017

CS-0745. Rev. 08/21

ABANDONMENT

A parent has failed to visit, to engage in more than “token” visitation, or to make reasonable child support payments for four (4) consecutive months immediately before the termination petition is filed, or

An incarcerated parent failed to visit, to engage in more than “token” visitation, or to make reasonable child support payments for four (4) consecutive months immediately before being incarcerated, or for a total of four (4) months when all period of non-incarceration, prior to the filing of the petition, are added together

A biological or legal father failed to visit or to make reasonable payments toward support of the child’s mother during the last four (4) months of her pregnancy

Note: It is a defense to abandonment for failure to visit or failure to support if the failure to visit or failure to support is not willful.

ABANDONMENT OF NEWBORN

The child’s mother voluntarily left a newborn infant at a designated medical facility and for at least ninety (90) days thereafter failed to seek contact with the infant.

WANTON DISREGARD

A parent who is now incarcerated “engaged in conduct prior to incarceration which exhibits **wanton disregard** for the welfare of the child.”

FAILURE TO PROVIDE A SUITABLE HOME

The child was found dependent and neglected and placed in foster care, and DCS made reasonable efforts to prevent removal from the home of the parent or guardian, and DCS made reasonable efforts for the four (4) months after the child entered foster care to assist the parent or guardian to establish a suitable home for the child, and the parent or guardian “made **no reasonable efforts** to provide a suitable home and have **demonstrated a lack of concern** for the child to such a degree that it appears unlikely that they will be able to provide a suitable home for the child at an early date.”

SUBSTANTIAL NON- COMPLIANCE WITH THE PERMANENCY PLAN

The parent was informed of the responsibilities on the plan, and the responsibilities were reasonable and were related to remedying the conditions which necessitate foster care, and the parent has remained **substantially noncompliant** with those responsibilities.

CONDITIONS WHICH LED TO REMOVAL HAVE NOT BEEN REMEDIED OR OTHER CONDITIONS PREVENT RETURN

The child has been in foster care for six (6) months as of the first setting of the petition to terminate parental rights, and the conditions which led to removal from the home or physical or legal custody of a parent or guardian continue, or other conditions persist which “in all reasonable probability” would cause the child to be abused or neglected if returned to the parent or guardian, and there is little likelihood that the conditions can be remedied in the near future, and continuing the legal parent-child relationship diminishes the child’s chances of early integration into a stable and permanent home.

SEVERE CHILD ABUSE

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The parent has committed **severe child abuse** against **any** child. The finding of severe child abuse may be made by the juvenile court and it is not necessary that there be a criminal court conviction or even a prosecution. If the parent was actually convicted and sentenced to **incarceration for more than two (2) years for severe abuse** of any child, that is an independent ground for termination.

TEN-YEAR PRISON SENTENCE

A parent is **sentenced** to incarceration in any type of correctional facility for ten (10) or more years if the child is under eight (8) years old at the time of sentencing. The nature of the parent's crime is irrelevant. The parent does not have to serve the entire sentence for this ground to apply.

LIABILITY FOR DEATH OF PARENT

A criminal or civil court has found a parent responsible (guilty or civilly liable) for the intentional and wrongful death of the other parent.

MENTAL INCOMPETENCE

The parent is mentally incompetent to function as a parent and it is unlikely that the parent will be able to function as a parent in the near future. This standard is not equivalent to the standard for commitment to a mental hospital, appointment of a conservator, or for any determination of incompetence for other purposes, although the court would certainly take such facts into consideration.

CONVICTION OF RAPE FROM WHICH THE CHILD IS CONCEIVED

The parent has been convicted of aggravated rape, rape or rape of a child and the child was conceived as a result of the criminal act.

SEVERE CHILD SEXUAL ABUSE

The parent has been found to have committed severe child sexual abuse under any prior order of a criminal court, which includes aggravated rape, aggravated sexual battery, aggravated sexual exploitation of a minor, especially aggravated sexual exploitation of a minor, incest, rape or rape of a child.

CONVICTION OF SEX TRAFFICKING

The parent has been convicted of trafficking for commercial sex act under Tennessee law or similar laws in another state or sex trafficking of children or by force, fraud or coercion under federal law.

FAILURE TO ASSUME CUSTODY OR FINANCIAL RESPONSIBILITY

The parent has failed to show an ability and willingness to personally assume legal and physical custody or financial responsibility of the child, and placing the child in the person's legal and physical custody would pose a risk of substantial harm to the physical or psychological welfare of the child.

In addition to the grounds listed above, the parental rights of an **alleged biological father** (a man who was not married to the mother and has not signed a voluntary acknowledgment of paternity or petitioned to legitimate the child) may be terminated because he:

1. failed to file a petition to legitimate the child (or to "establish parentage") within thirty (30) days after learning that he might be the biological father;
2. failed to pay child support consistent with the Tennessee child support guidelines;
3. failed to visit or seek reasonable visitation; or
4. failed to "manifest an ability and willingness to assume legal and physical custody of the child".

Always check the "Forms" Website for most current version. This form may not be altered.

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5. Giving him physical custody “would pose a risk of substantial harm to the physical or psychological welfare of the child.”

If the court determines that your actions or inactions have resulted in a legal basis for termination of your parental rights, the court must also determine whether termination would be in the **best interest** of your child. In considering the best interest factors, it is presumed that the prompt and permanent placement of a child in a safe environment is presumed to be in the child’s best interest. Among other factors, the court will consider:

1. the effect a termination of parental rights will allow the child’s critical need for stability to be met and allow for continuity of placement throughout the child’s minority.
2. the effect a change of caretakers and physical environment is likely to have a negative effect on the child’s emotional, psychological, and medical condition.
3. whether the parent has demonstrated lack of continuity and stability in meeting the child’s basic material, educational, housing, and safety needs.
4. whether the parent and the child have a secure and healthy parental attachment, and if not, whether there is a reasonable expectation that the parent can create such attachment.
5. whether the parent has maintained regular visitation or other contact with the child and whether the parent has used the visitation or other contact to cultivate a positive relationship with the child.
6. whether the child is fearful of living in the parent’s home.
7. whether the parent’s home, or others in the parent’s household trigger or exacerbate the child’s experience of trauma or post-traumatic symptoms.
8. whether the child has created a healthy parental attachment with another person or persons in the absence of the parent.
9. whether the child has emotionally significant relationships with persons other than parents and caregivers, including biological or foster siblings, and the likely impact of various available outcomes on these relationships and the child’s access to information about the child’s heritage.
10. whether the parent has demonstrated such a lasting adjustment of circumstances, conduct, or conditions to make it safe and beneficial for the child to be in the home of the parent, including consideration of whether there is criminal activity in the home or by the parent, or the use of alcohol, controlled substances, or controlled substance analogues which may render the parent unable to consistently care for the child in a safe and stable manner.
11. whether the parent has taken advantage of available programs, services, or community resources to assist in making a lasting adjustment of circumstances, conduct, or conditions.
12. whether the Department has made reasonable efforts to assist the parent in making a lasting adjustment in cases.
13. whether the parent has demonstrated a sense of urgency in establishing paternity of the child, seeking custody of the child, or addressing the circumstance, conduct, or conditions that made an award of custody unsafe and not in the child’s best interest.
14. whether the parent, or other person residing with or frequenting the home of the parent, has shown brutality or physical, sexual, emotional, or psychological abuse or neglect toward the child or any other child or adult.
15. whether the parent has ever provided safe and stable care for the child or any other child.
16. whether the parent has demonstrated an understanding of the basic and specific needs required for the child to thrive.
17. whether the physical environment of the parent’s home is healthy and safe for the child.
18. whether the parent has demonstrated the ability and commitment to creating and maintaining a home that meets the child’s basic and specific needs and in which the child can thrive.

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CS-0745. Rev. 08/21

19. whether the parent has consistently provided more than token financial support for the child.
20. whether the mental or emotional fitness of the parent would be detrimental to the child or prevent the parent from consistently and effectively providing safe and stable care and supervision of the child.

III. **ADOPTION & SAFE FAMILIES ACT**

Federal law and Tennessee law require DCS to file a petition to terminate parental rights of any child in foster care if:

1. the child has been in foster care for fifteen (15) of the last twenty-two (22) months;
2. the child is an abandoned infant; or
3. the child's parent has committed murder or voluntary manslaughter of a sibling, half-sibling or other child in the home; or
4. the child's parent has committed severe abuse or a felony assault resulting in serious bodily injury to this child, a sibling, half-sibling or any other child.

Exceptions can be made if:

1. the child is in the care of a relative;
2. there is a compelling reason why filing a termination petition is not in the child's best interest; or
3. DCS has not made reasonable efforts to provide the parents services DCS considers necessary for the safe return of the child to the home.

I have received a copy of Criteria & Procedures for Termination of Parental Rights and have been given an explanation of its contents.

Always check the "Forms" Website for most current version. This form may not be altered.

Distribution: Child's Parent's and Child's Case File.

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Mother Date

Witness Date

Father Date

Witness Date

I explained the contents of this document to the mother on:

Date

Family Service Worker's Signature

I explained the contents of this document to the father on:

Date

Family Service Worker's Signature

Mother _____ refused to sign this document; however, the contents of the document were explained to her on this date.

Family Service Worker

Date

Father _____ refused to sign this document; however, the contents of the document were explained to him on this date.

Family Service Worker

Date

Always check the "Forms" Website for most current version. This form may not be altered.

Distribution: Child's Parent's and Childs Case File.

RDA 11017

CS-0745. Rev. 08/21