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|  | **Tennessee Department of Children’s Services****Full Disclosure Statement: Permanency Options for Relative or Kin Caregivers**  |

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| Child’s Name: |       | DOB: |       | [ ]  Custodial | [ ]  Non-Custodial |

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| Child’s Name: |       | DOB: |       | [ ]  Custodial | [ ]  Non-Custodial |

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| Child’s Name: |       | DOB: |       | [ ]  Custodial | [ ]  Non-Custodial |

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| Child’s Name: |       | DOB: |       | [ ]  Custodial | [ ]  Non-Custodial |

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| Child’s Name: |       | DOB: |       | [ ]  Custodial | [ ]  Non-Custodial |

My signature below indicates that

1. The DCS worker has informed me of the available options and services to me as a relative or kin caretaker;
2. I have had the opportunity to ask questions and have my questions answered;
3. I have been provided a copy of the **Guide to Full Disclosure of Permanency Options**;
4. I have viewed the video at the following link:

 [***Relative Caregiver (tn.gov)***](https://www.tn.gov/dcs/program-areas/prevention/relative-caregiver.html)

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| Signature of Relative or Kin Caregiver |  | Date |  |

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| --- | --- | --- | --- |
| Signature of Relative or Kin Caregiver |  | Date |  |

My signature below indicates that I have viewed the provided video with the family, provided a copy of the Guide to Full Disclosure to Permanency Options to this relative or kin, and explained the contents of the guide to the relative or kin. If there are questions that I cannot answer, I will provide those answers as soon as possible. DCS will provide ongoing discussion regarding permanency options through Child and Family Team Meetings (CFTMs), home visits, court contacts, Foster Care Review Board meetings and family outings/visitations.

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| Signature of DCS Staff |  | Date |

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|       |  |  |
| DCS Staff Telephone Number |  |  |

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| DCS Staff Email Address |