

Child's Name: _____	DOB: _____	Custodial	Non-Custodial
Child's Name: _____	DOB: _____	Custodial	Non-Custodial
Child's Name: _____	DOB: _____	Custodial	Non-Custodial
Child's Name: _____	DOB: _____	Custodial	Non-Custodial
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 \(tn.gov\)](http://tn.gov)

Signature of Relative or Kin Caregiver

Date

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.

Signature of DCS Staff

Date

DCS Staff Telephone Number

DCS Staff Email Address

**INSTRUCTIONS FOR USE OF FORM
CS-0660
FULL DISCLOSURE STATEMENT
PERMANENCY OPTIONS FOR RELATIVE OR KIN CAREGIVERS**

CS-0660 Full Disclosure Statement: Permanency Options for Relative or Kin Caregiver is used in all custodial and non-custodial cases to document the receipt of the Guide to Full Disclosure of Permanency Options. When an identified relative or kin is being explored, the worker will provide them with a copy of the Guide to Full Disclosure of Permanency Options and explain the information in the guide. The worker will review the video with the family:

[Relative Caregiver \(tn.gov\)](http://tn.gov)

Following the explanation, the worker will address questions, and ask the relative or kin to sign form CS-0660 acknowledging the receipt of information and review of the video. The DCS worker then signs the form also acknowledging the exchange.

A copy of the form should be provided to the relative or kin caretaker and should be uploaded into the TFACTS Electronic Record.