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

| **Child Name:** | | | | | |  | | | | | | | | | | | | **Child DOB:** | | | | | |  | | | | | | | | | | **Person ID:** | | | | | |  | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initiated By: | | | | |  | | | | | | | | | | | | | | | | | | Title: |  | | | | | | | | | | | | 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:** | | | | | | | |  | | | | | | | | | | **E-mail Address:** | | | | | | | | | | |  | | | | | | | | | | **SSN:** | | | |  | |
| **DOB:** | |  | | | | **Sex****:** | | | |  | | **Race:** | | | |  | | | | | **Hispanic:** | | | | | Yes  No | | | | | **U.S. Citizen:** | | | | | | Yes  No  Provide Birth Certificate Verification | | | | | | | |
| **Is Child/Youth of Native American Descent?** | | | | | | | | | | | | | | | | | Yes  No  Unable to Determine | | | | | | | | | | | | | | | | **If “Yes” Tribal Affiliation** | | | | | | | | |  | | |
| **Child/Youth’s Marital Status *(check one)*** | | | | | | | | | | | | | | | Never Married  Divorced  Widowed  Married  Separated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has Youth been placed in out of home care prior to this custody episode? If yes please list dates and placements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
| **Current Description of the Child/Youth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Description Date** | | | | | | | | | | |  | | | | | | | | | **Primary Language Spoken** | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Height** | | |  | | | | | | **Weight** | | | |  | | | | | | | | | **Hair Color** | | | | | |  | | | | | | **Eye Color** | | | |  | | | | | | |
| **Religion:** | | | |  | | | | | | | | | | | | **Identifying Marks or Tattoos:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |

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| **Special Needs/Disabilities:** | |  | | | | | |
| **Special Medical Equipment:** | | | |  | | | |
| **Scheduled Appointments: (*date, provider, location, type of appt*)** | | | | |  | | |
| **Allergies/Adverse Reactions:** | | | Yes  No | | | |
| **Medication:** |  | | | | **Describe reaction:** |  |
| **Food:** |  | | | | **Describe reaction:** |  |
| **Insect Sting:** |  | | | | **Describe reaction:** |  |
| **Other:** |  | | | | **Describe reaction:** |  |

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| --- | --- | --- | --- |
| **Medical modified/Religious diet?** | Yes  No | **If yes, describe** |  |

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| **Medications: Prescribed and Over the Counter** | | | | | | |
| **Current medications (*name, route, frequency, dosage & days of meds left)*** | | | |  | | |
|  | | | | | | |
| **Child Name:** |  | **Child DOB:** |  | | **Person ID:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Are meds given in school?** | | | | | | | | | Yes  No | | | | **Which meds?** | | | | | | |  | | | | | | | | | | | | | | | | |
| **Consent signed for psychotropic meds:** | | | | | | | | | | | | Yes  No  N/A | | | | | | | | | | | | **Next med appointment:** | | | | | | | | | | |  | |
| **Has Foster Parent received medication:** | | | | | | | | | | | | Yes  No | | | | | **Explain:** | | | | | | | | |  | | | | | | | | | | |
| **Health History of Child** Explain any items checked Now/Past in "COMMENTS" section | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Now | | | Past | | | |  | | | | | | | | | |  | | | | | No | | | | | Now | | Past | |  | | | | |
|  |  | | |  | | | | Birth defects | | | | | | | | | |  | | | | |  | | | | |  | |  | | Gastrointestinal problems | | | | |
|  |  | | |  | | | | Vision problems | | | | | | | | | |  | | | | |  | | | | |  | |  | | Kidney/urinary problems | | | | |
|  |  | | |  | | | | Hearing problems | | | | | | | | | |  | | | | |  | | | | |  | |  | | Hepatitis/liver problems | | | | |
|  |  | | |  | | | | Skin problems | | | | | | | | | |  | | | | |  | | | | |  | |  | | Cancer | | | | |
|  |  | | |  | | | | Head injuries | | | | | | | | | |  | | | | |  | | | | |  | |  | | Tuberculosis (TB) | | | | |
|  |  | | |  | | | | Headaches | | | | | | | | | |  | | | | |  | | | | |  | |  | | Autism/Asperger's (circle one) | | | | |
|  |  | | |  | | | | Sickle cell disease | | | | | | | | | |  | | | | |  | | | | |  | |  | | Developmental delays | | | | |
|  |  | | |  | | | | Anemia/blood disorder | | | | | | | | | |  | | | | |  | | | | |  | |  | | Learning disability | | | | |
|  |  | | |  | | | | Epilepsy/seizures | | | | | | | | | |  | | | | |  | | | | |  | |  | | Sleep problems | | | | |
|  |  | | |  | | | | Bedwetting | | | | | | | | | |  | | | | |  | | | | |  | |  | | Incontinence:  Urine  Stool | | | | |
|  |  | | |  | | | | Diabetes | | | | | | | | | |  | | | | |  | | | | |  | |  | | Other medical *(describe below)* | | | | |
|  |  | | |  | | | | Asthma/Respiratory Disease | | | | | | | | | |  | | | | |  | | | | |  | |  | | Accidents *(describe below)* | | | | |
|  |  | | |  | | | | Heart murmur | | | | | | | | | |  | | | | |  | | | | |  | |  | | Hospitalizations *(describe below)* | | | | |
|  |  | | |  | | | | Heart problems | | | | | | | | | |  | | | | |  | | | | |  | |  | | Surgeries *(describe below)* | | | | |
|  |  | | |  | | | | High blood pressure | | | | | | | | | |  | | | | |  | | | | |  | |  | | Problems with anesthesia | | | | |
|  |  | | |  | | | | Physical disabilities | | | | | | | | | |  | | | | |  | | | | |  | |  | | Other developmental disabilities | | | | |
| **Child/Youth is currently hospitalized:** | | | | | | | | | | | Yes  No | | | | | | **If yes, where and why:** | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comments/Additional health information/ongoing health related services:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Childhood Illnesses** | | | | | | | | | |  | | | | | | | |  | | |  | | | | | |  | |  | | | | |  | | |
| No | | Yes | | | Approx date | | | | |  | | | | | | | |  | | | No | | | | | | Yes | | Approx date | | | | |  | | |
|  | |  | | |  | | | | | Measles | | | | | | | |  | | |  | | | | | |  | |  | | | | | Chicken pox | | |
|  | |  | | |  | | | | | German measles | | | | | | | |  | | |  | | | | | |  | |  | | | | | Scarlet fever | | |
|  | |  | | |  | | | | | Mumps | | | | | | | |  | | |  | | | | | |  | |  | | | | | Rheumatic fever | | |
| **Trauma Screening** | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | |
| Indicate *known* history of abuse/adverse experiences. Explain any yes answers in "COMMENTS" section | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | Yes | | | |  | | | | | | | | | No | | | Yes | | | | | |  | | | | | | | | | | | |
|  | | |  | | | | Neglect | | | | | | | | |  | | |  | | | | | | Domestic violence | | | | | | | | | | | |
|  | | |  | | | | Physical assault/abuse | | | | | | | | |  | | |  | | | | | | School violence | | | | | | | | | | | |
|  | | |  | | | | Sexual assault/abuse | | | | | | | | |  | | |  | | | | | | Community violence | | | | | | | | | | | |
|  | | |  | | | | Emotional abuse | | | | | | | | |  | | |  | | | | | | Extreme interpersonal violence | | | | | | | | | | | |
|  | | |  | | | | Traumatic loss/separation | | | | | | | | |  | | |  | | | | | | Natural disaster | | | | | | | | | | | |
|  | | |  | | | | Extended illness/medical trauma | | | | | | | | |  | | |  | | | | | | Impaired caregiver (substance abuse/mental illness) | | | | | | | | | | | |
|  | | |  | | | | Serious injury | | | | | | | | |  | | |  | | | | | | Other trauma, describe: | | | | | | | | | | | |
| **Child Name:** | | | | | |  | | | | | | | | | **Child DOB:** | | | | | | |  | | | | | | | | | | | **Person ID:** | | |  |

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

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| --- | --- |
| **Comments/Additional health information:** |  |
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| **Child Strengths** |
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| --- | --- | --- | --- |
| **Behavioral/Mental Health History** | | | |
| No | Now | Past |  |
|  |  |  | Intense anger, if yes, describe |
|  |  |  | Oppositional, if yes, describe |
|  |  |  | Negative Peer Association, if yes, describe |
|  |  |  | Extreme Attention Seeking, if yes, describe |
|  |  |  | Makes False Statements, if yes, describe |
|  |  |  | School Difficulties, if yes, describe |
|  |  |  | Damage of Property, if yes, describe |
|  |  |  | Habitual Lying, if yes, describe |
|  |  |  | Stool Smearing, if yes, describe |
|  |  |  | Stealing, if yes, describe |
|  |  |  | Runaway, if yes, describe |
|  |  |  | Hoarding, if yes, describe |
|  |  |  | Problems with concentration and attention,if yes, describe |
|  |  |  | Excessive Hyperactivity/does not respond to safety instructions, if yes, describe |
|  |  |  | Requires Constant Supervision, if yes describe |
|  |  |  | Anxiety, if yes, describe |
|  |  |  | Depression, if yes, describe |
|  |  |  | Seeing or hearing things that aren't there, if yes, describe |
|  |  |  | Fire-setting, if yes, describe |
|  |  |  | Animal cruelty, if yes, describe |
|  |  |  | Animal fear, if yes, describe |
|  |  |  | Self-injurious behavior/Other Self Harm, if yes, describe |
|  |  |  | Aggressive, dangerous or destructive behaviors, if yes, describe |
|  |  |  | Sexual aggression, if yes, describe |
|  |  |  | Had homicidal thoughts, if yes, describe |
|  |  |  | Had suicidal thoughts, if yes, describe |
|  |  |  | Attempted suicide If yes, describe |
|  |  |  | Had other mental health or behavioral problems, if yes, describe |
|  |  |  | Other mental health diagnosis, if yes, describe |

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| **Has the Child/Youth received counseling or therapy?** | | | | Yes  No | | | |
| **If yes, where?** |  | | | | | | |
| **Has the Child/Youth had a Psychological Evaluation:** | | | | Yes  No | | | |
| **If yes, diagnosis, when, where?** | |  | | | | | |
|  | | | | | | | |
| **Child Name:** |  | | **Child DOB:** | |  | **Person ID:** |  |

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| --- | --- | --- |
| **Has the Child/Youth been hospitalized for mental health problems/acute hospitalization?** | | Yes  No |
| **If yes, diagnosis, when, where?** | |  |
|  | | |
| **Has the Child/Youth/Family received in-home services?** | Yes  No | |
| **If yes, when, where?** | | |
|  | | |

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| --- | --- |
| **Has the Child/Youth previously been placed in a residential treatment facility?** | Yes  No |
| **If yes, when, where?** | |
|  | |

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| --- | --- | --- | --- | --- | --- |
| **Alcohol/Drug Abuse History** | | | | | |
| No | Now | Past | | Frequency | (Xs per day/week/month) |
|  |  |  | |  | Alcohol |
|  |  |  | |  | Tobacco smoke/chew *(circle one or both)* |
|  |  |  | |  | E-cigarettes/vapor cigarettes |
|  |  |  | |  | Marijuana |
|  |  |  | |  | Narcotics |
|  |  |  | |  | Stimulants |
|  |  |  | |  | Methamphetamine |
|  |  |  | |  | Hallucinogens |
|  |  |  | |  | Steroids |
|  |  |  | |  | Huffing |
|  |  |  | |  | Ecstasy |
|  |  |  | |  | Street drugs, unknown |
|  |  |  | |  | Prescription drugs prescribed for another, specify: |
|  |  |  | |  | Over-the-counter medication, specify: |
|  |  |  | |  | Other, specify: |
| **Additional Comments:** | | |  | | |

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| --- | --- |
| **Has child been identified as high risk?** | Yes  No |
| **Has a Safety Plan been completed on child identified as high risk?** | Yes  No  N/A |

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| **Birth History** (for all children) | | | | | | | | | | | | | |
| **Birth Weight:** |  | **Birth Length:** | | | |  | | **Full term or**  **Premature birth (<36 weeks)** | | | |  | weeks |
| **Did mother receive prenatal care:** | | | | Yes  No | | | **Month of pregnancy for 1st prenatal visit:** | | | |  | | |
| **Pregnancy/Birth complications:** | | |  | | | | | | | | | | |
| **Was there prenatal substance abuse:** | | | | | Yes  No | | | | **Substance and frequency:** |  | | | |
| **Birth hospital and location:** | |  | | | | | | | | | | | |

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| **Minor Female** | | | | | | | | | | | | | | |
| **Age of 1st Period:** | |  | **Date of Last Period:** | | | |  | | | | | | | |
| **Pregnancies #** | |  | **Live births #** | |  | | **Full term** | |  | **Premature (# weeks)** | | |  | |
| **Miscarriages #** |  | | | **Abortions #** | |  | | **Currently pregnant:** | | | Yes  No | **If yes, due date:** | |  |

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| **Child Name:** |  | **Child DOB:** |  | **Person ID:** |  |

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| **Does the youth have children?** | | | Yes  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  No | | Male  Female |  |  |  |  |
|  |  | Yes  No | | Male  Female |  |  |  |  |
|  |  | Yes  No | | Male  Female |  |  |  |  |

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| **Does minor parent have visitation with their child(ren)?** | | Yes  No |
| **If yes, list any visitation restrictions:** |  | |

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| **Gender and Sexual Identity** | | |
| **Does the Child/Youth identify him/herself as gay, lesbian, transgender, or non-binary?** | | Yes  No |
| **If yes, describe answer** |  | |

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| **Sexual Activity** | | | | | |
| **Is child sexually active?** | Yes  No | **Use birth control?** | Yes  No | **Method:** |  |

|  |  |  |
| --- | --- | --- |
| **Dating Violence** | | |
| **Has Child/Youth experienced controlling, abusive or aggressive behavior in a dating relationship?** | | Yes  No |
| **If yes, explain:** |  | |

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| **Medical** | | | | |
| **Does the Child/Youth have a regular medical provider (pediatrician, family doctor, etc.)?** | | | Yes  No | |
| **If yes, name of medical provider:** |  | **Date of last visit:** | |  |

|  |  |  |  |  |
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| **Immunizations** | | | | |
| **Are immunizations up-to-date?** | | Yes  No | **Is the immunization record available?** | Yes  No |
| **Religious/medical exemption?** | Yes  No (parent/guardian must provide a notarized statement) | | | |

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| **Dental** | | | |
| **Does the Child/Youth have a regular dental provider?** | Yes  No | **Does the Child/Youth wear braces?** | Yes  No |

|  |  |  |  |
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| **If yes, name of dental provider:** |  | **Date of last exam:** |  |
| **If braces, name of orthodontist:** |  | **Date of last exam:** |  |

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| **Vision** | | | |
| **Does the Child/Youth wear glasses?** | Yes  No | **Does the Child/Youth wear contacts?** | Yes  No |

|  |  |  |  |
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| **If yes, name of vision provider:** |  | **Date of last visit:** |  |

**This concludes the Well-Being Section.**

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| **Child Name:** |  | **Child DOB:** |  | **Person ID:** |  |

**This information does not go to Health Care Provider.**

|  |  |  |  |  |  |  |  |
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| **Education and Independent Living** | | | | | | | |
| **Student graduated high school?** | | | | Yes  No  GED  HISET  Student Home Schooled | | | |
| **What school does the student attend? (name, city, county)** | | | | | | |  |
| **Student’s age** |  | | **Current grade** | |  | **Student receives special education services?  Yes  No** | |
| **If yes, name the disability** | |  | | | | | |

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| --- | --- | --- |
| No | Yes |  |
|  |  | Is the student taking GED classes |
|  |  | Does the student have a history of skipping school? |
|  |  | Is the student in an alternative school? |
|  |  | Is the student serving a zero tolerance expulsion (drugs, weapons and/or assault)? |
|  |  | 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)** |
| Mathematics | Mathematics |
| Reading | Reading |
| Athletics | Athletics |
| Attendance in school | Attendance in school |
| Other, specify | 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** | | | |  | | | | | | | | | | | | | | |
| **Current Disposition Decision** | | | |  | | | | | | | | | | **Disposition Date** | | |  | |
| **Have you been or are you currently on probation?** | | | | | | Yes  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)** | | |
|  | | | | | | | | | | Yes  No | | | | | |  | | |
|  | | | | | | | | | | Yes  No | | | | | |  | | |
|  | | | | | | | | | | Yes  No | | | | | |  | | |
| **Violation of Probation (VOP) or Violation of Valid Court Order (VVCO) *(explain if applicable)*** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Child Name:** |  | **Child DOB:** |  | **Person ID:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Narrative** | | |  | | | | |
| **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.)*** | | | | | |  | |
| **B) Domestic Violence** | | | | | | | |
| **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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| **FSW Name** | |  | | **Contact #** |  |
| **Office Address** | | |  | | |
| **Supervisor** |  | | | **Contact #** |  |

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| *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. |  |
|  |  |
| *Foster Parent* | *Date* |

|  |  |
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|  |  |
| *Foster Parent* | *Date* |

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| **Child Name:** |  | **Child DOB:** |  | **Person ID:** |  |
| --- | --- | --- | --- | --- | --- |

**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).

|  |  |  |  |  |  |  |  |  |  |
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| **Adoption/Guardianship Completed by DCS:** | | | | Ye  Yes  No (If no List Name of the Agency) | | | | | |
| **Removal Date:** |  | **New Placement:** |  | | | **Date of Placement:** |  | **Legal Custody Date:** |  | |
| **Removal**  **County:** |  | | **Adjudication Type:**  **Brief Description:** | | Dependent and Neglect  Unruly  Delinquent N/A | | | | | |

|  |  |
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| **Removal Reason:** | Alcohol Abuse (Child);  Alcohol Abuse (Parent);  Caretaker Inability to Cope due to Illness or Other:  Child’s Disability;  Drug Abuse (Child);  Drug Abuse (Parent);  Inadequate Housing;  Incarceration of Parents;  NAS Prosecution (only select upon DCS attorney instruction);  Physical Abuse (alleged/reported);  Relinquishment;  Sexual Abuse (alleged/reported);  Truancy |

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| **Removal Street Address** | | |  | | | | | | | | | | |
| **City** |  | | | | | **County** | |  | | **State** |  | **Zip Code** |  |
| **Kinship Exception Request** | | | | | | | | | | | | | |
| **Was KER approved?** | | Yes  No | | | **If yes, by whom?** | | | |  | | | | |
| **Was the KER temporary or long term?** | | | | | | | **temporary  long term** | | | | | | |
| **MSW Consult was completed with:** | | | |  | | | | | | | | | |

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| **Family Information** | | | | |
| **Both parents living?** | Yes  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.** | | | |  |

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| **Child/Youth Parent(s)/Caretaker(s)**  **Indicate Parent/Caregiver’s Preferred Method for Receiving Documents** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Birth Mother’s Name** | | | | | | | | |  | | | | | | | | **Primary Caregiver** | | | | Yes  No | | | |
| **Email Address** | | |  | | | | | | | | | | | | | | Yes  No | | | | | | | |
| **Maiden Name** | | | | | | |  | | | **Social Security No.** | |  | | | | **DOB** |  | | **Message Contact #** | | | | |  |
| **Address** | |  | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| **City, State, Zip** | | | | | |  | | | | | | | | | | | | | | **Contact #** | | |  | |
| **Employer** | | | |  | | | | | | | | | **Address** | |  | | | | | | | | | |
| **City, State, Zip** | | | | | | | |  | | | | | | | | | | | | **Contact #** | | |  | |
| **Child Name:** | | | |  | | | | | | **Child DOB:** | | |  | | | | **Person ID:** | | | |  | | | |

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| **Birth mother married when child/Youth was born?** | | | | | | | | | | | | | | Yes  No  Unable to Determine | | | | | | | | | | | | | |
| **Birth mother ever been married?** | | | | | | | | | Yes  No  Unable to Determine | | | | | | | | | | **If so, where and to whom?** | | | | | |  | | |
| **Birth mother ever been divorced?** | | | | | | | | | Yes  No  Unable to Determine | | | | | | | | | | | **If so, where and from whom?** | | | | | |  | |
| **Birth mother’s race:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Is there a father listed on the birth certificate?** | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| **Has DNA testing ever been done?** | | | | | | | | | Yes  No | | | | **If so, what were the results**  **and where was it done?** | | | | | | | | |  | | | | | |
| **Has there ever been a legal father identified (either mother was married at the time of birth or a father has been legitimated through the court)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
| **Legal Father’s Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Primary Caregiver** | | | | | Yes  No | | | | |
| **Email Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| **Social Security No.** | | | | | |  | | | | | | | | | | | | **DOB** | | | | | |  | | | | | | | **Message Contact #** | | | | | | |  |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| **City, State, Zip** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact #** | |  | | | |
| **Employer** | | |  | | | | | | | | | | | | **Address** | | | | | | | |  | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact #** | |  | | | |
| **Legal Father’s Race:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status of Parents** | | | | | | | | **Married**  **Separated**  **Divorced**  **Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Putative/Alleged Father’s Name** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| **Social Security No.** | | | | | |  | | | | | | | | | | | | **DOB** | | | | | |  | | | | | | | **Message Contact #** | | | | | |  | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  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** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| **Social Security No.** | | | | | |  | | | | | | | | | | | | | | | **DOB** | | |  | | | | | | **Message Contact #** | | | | | |  | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| **City, State, Zip** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact #** | |  | | | |

| **Child Name:** |  | **Child DOB:** |  | **Person ID:** |  |
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| **Employer** |  | | |  | **Address** |  | | | | |
| **City, State, Zip** | | |  | | | | | | **Contact #** |  |
| **Relative Contact Person For Child/Youth (other than parent)** | | | | | | | | | | |
|  | | | | | | | **Contact #** |  | | |
| **Relationship** | |  | | | | | | | | |

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| **Child/Youth Siblings:** | | | | | | | | | | **In Custody** |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |
| **Name** |  | **SSN** |  | **DOB** |  | **Sex** |  | **Race** |  | Yes  No |