



This Department of Children's Services Home study is the property of TN DCS and is not valid without the authorized recommendation and signature page which is a separate document.

Home Study Preparer's Name:	Home Study Preparer's Agency:	Home Study Preparer's Agency Address:
I. TYPE OF FOSTER HOME: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"><div><input type="checkbox"/> Kinship Foster-Adopt</div><div>Traditional Foster-Adopt</div><div>ICPC: YES NO If YES, State: _____</div></div>		
FOSTER HOME ID:		
II. FOSTER PARENT INFORMATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Applicant:</div><div>Last Name: _____</div><div>First Name: _____</div><div>Middle Initial: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Date of Birth: _____</div><div>TFACTS PERSON ID: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Relationship to Co-Applicant: _____</div><div>Physical Description: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Cell Phone No: _____</div><div>Emergency/Work Phone No: _____</div></div> <div style="margin-top: 10px;">E-Mail Address: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Co Applicant:</div><div>Last Name: _____</div><div>First Name: _____</div><div>Middle Initial: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Date of Birth: _____</div><div>TFACTS PERSON ID: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Relationship to Applicant: _____</div><div>Physical Description: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Cell Phone No: _____</div><div>Emergency/Work Phone No: _____</div></div> <div style="margin-top: 5px;">Household Address: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Home Telephone No: _____</div><div>E-Mail Address: _____</div></div>		
III. HOUSEHOLD MEMBER INFORMATION:		
A. Children – (Birth or Adopted): <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Last Name: _____</div><div>First Name: _____</div><div>Middle Initial: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Date of Birth: _____</div><div>TFACTS PERSON ID: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Relationship to Applicant/Co-Applicant: _____</div><div>Physical Description: _____</div></div>		
<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Last Name: _____</div><div>First Name: _____</div><div>Middle Initial: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Date of Birth: _____</div><div>TFACTS PERSON ID: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Relationship to Applicant/Co-Applicant: _____</div><div>Physical Description: _____</div></div>		
<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Last Name: _____</div><div>First Name: _____</div><div>Middle Initial: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Date of Birth: _____</div><div>TFACTS PERSON ID: _____</div></div>		

Relationship to Applicant/Co-Applicant:		Physical Description:	
B. Other Adults in the Home:			
Last Name: _____		First Name: _____ Middle Initial: _____	
Date of Birth: _____		TFACTS PERSON ID: _____	
Relationship to Applicant/Co-Applicant:		Physical Description:	
Last Name: _____		First Name: _____ Middle Initial: _____	
Date of Birth: _____		TFACTS PERSON ID: _____	
Relationship to Applicant/Co-Applicant:		Physical Description:	
IV. CHILD SPECIFIC INFORMATION (If Applicable):			
Last Name: _____		First Name: _____ Middle Initial: _____	
Date of Birth: _____		TFACTS PERSON ID: _____	
Relationship to Applicant/Co-Applicant:		Physical Description:	
Last Name: _____		First Name: _____ Middle Initial: _____	
Date of Birth: _____		TFACTS PERSON ID: _____	
Relationship to Applicant/Co-Applicant:		Physical Description:	
Last Name: _____		First Name: _____ Middle Initial: _____	
Date of Birth: _____		TFACTS PERSON ID: _____	
Relationship to Applicant/Co-Applicant:		Physical Description:	
V. MOTIVATION FOR FOSTER PARENTING:			
VI. PRE-SERVICE TRAINING EXPERIENCE:			
VII. HOME/NEIGHBORHOOD DESCRIPTION:			
VIII. FAMILY HISTORY INFORMATION:			
A. Childhood and Adolescence History:			
1.	Applicant:		
	a) Relationship History:		
	b) Well Being History:		



	c) Legal/DCS History:	
2.	Co-Applicant:	
	d) Relationship History:	
	e) Well Being History:	
	f) Legal/DCS History:	
B. Adulthood:		
1.	Applicant:	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	
2.	Co-Applicant:	
	d) Relationship History:	
	e) Well Being History:	
	f) Legal/DCS History:	
C.	Other Adults in the Home:	
1.	Name :	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	
2.	Name :	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	
3.	Name :	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	
D. Children in the Home:		
1.	Name:	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	



2.	Name:	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	
3.	Name:	
	a) Relationship History:	
	b) Well Being History:	
	c) Legal/DCS History:	
E. Children Outside the Home:		
1.	Name:	
	Relationship History:	
2.	Name:	
	Relationship History:	
3.	Name:	
	Relationship History:	
F. Family Interaction:		
IX. FOSTER PARENTING CAPACITY:		
A. Ability:		
B. Skills:		
C. Support for Foster Parenting:		
X. CHARACTER, ETHICS AND VALUES:		
A. Foster Family Character, Ethics and Values:		
B. References:		



INSTRUCTIONS FOR USE OF FORM

CS-0961

Foster Family Home Study

1. The purpose of this form is to write the narrative of the home study and make decisions about the denial or approval of foster homes in accordance with DCS Policy [16.4 Foster Home Approval](#).
2. **This form must be completed by the HOME STUDY WRITER.** At the top of the form the home study writer must type their name, agency, and agency address in the designated fields.
3. **Information must be typed.**
4. This form will be filed in the **Home Study and Reassessments** section of the Foster Home Case File. (Refer to [DCS Policy 16.23 Foster Home Case Files](#)).

The following instructions/suggestions are meant to reinforce content suggestions for initiating and completing the Foster Family Home Study. This is not an exhaustive listing of possible issues/information that may be included in a Foster Family Home Study.

Profile of Parenting Study Tool ratings should be discussed as applicable in each section. Significant strengths and items with scores of "2" or "3" must be discussed.

I. Type of Foster Home

Place an "X" in the appropriate type of foster home and ICPC designation. If the home is an ICPC, please indicate which state.

II. Foster Parent Information

This section will document demographic (e.g., Name, Address, Phone Numbers, Date of Birth, and Social Security number, etc.) information of the Applicant and Co-Applicant.

A physical description of foster parents which describes height, weight, hair color, eye color, distinguishing visible marks such as scars or tattoos, race or ethnicity will also be included.

Relationship of the applicant to the co-applicant (e.g., spouse or paramour, etc.) is documented in this section.

III. Household Member Information

A. Children

This section documents demographic (e.g., Name, Date of Birth, and Social Security number, etc.) information of the children, birth or adopted only in the household.



A physical description of children that describes height, weight, hair color, eye color, distinguishing visible marks such as scars or tattoos (if applicable), race or ethnicity is also included.

Relationship to the applicant or co-applicant (e.g., son, daughter, nephew, niece, etc.) is included in the boxes indicated.

B. Other Adults in the Home

This section documents demographic (e.g., Name, Date of Birth, and Social Security number, etc.) information of all other adults in the household.

A physical description of other adults in the home that describes height, weight, hair color, eye color, distinguishing visible marks such as scars or tattoos (if applicable), race or ethnicity is also included.

Relationship to the applicant or co-applicant (e.g., cousin, brother, friend, etc.) is included.

IV. Child Specific Information (If Applicable)

This section will include demographic information (e.g., Name, Date of Birth, and Social Security number, etc.) about the specific child or children that the applicants are being approved for. This section must be completed for kinship or ICPC applicants. Relationship to the applicant or co-applicant will also be included.

Refer to the [Documentation of the Foster Family Home Study Manual](#) for instructions on completion of Sections V - XI of the home study.

Recommendations and authorized signatures now appear on a separate page from the main home study document, labeled [CS-0961-1](#). This is to ensure that the home study is officially used for State of TN Department of Children's Services Child Welfare placements only. Copies of the home study provided directly to the family should NOT include the Recommendations and Signature page.

Home Studies sent for official child welfare purposes (Ex: DCS adoption, ICPC) to other official entities MUST include the Recommendations and Signatures page.