

## Application DCS Tuition Assistance BSW/BSSW Program

**Please Note:** It is important that this form is completed accurately. Failure to provide all and correct information may delay application processing and applicant's program acceptance.

Do you hereby proclaim your strong desire to work with the children and families served by the Department of Children's Services as a frontline case manager upon graduation?

Yes No

<u>Scho</u>	<u>lastic Informa</u>	<u>tion</u>		
nis program:	Start:		Graduate:	
Overall Under	graduate GPA:		Social Work	GPA:
<u>Demograp</u> l	hic/Contact In	<u>formation</u>		
First:		Middle:		Maiden:
C	City	State	Zip	County
C	City	State	Zip	County
	Cell:			
	Home Email (	Required):		
	nis program: Overall Under <u>Demograp</u> First:	nis program: Start:  Overall Undergraduate GPA:  Demographic/Contact In  First:  City  City  Cell:	Overall Undergraduate GPA:  Demographic/Contact Information  First: Middle:  City State  City State	nis program: Start: Graduate: Overall Undergraduate GPA: Social Work  Demographic/Contact Information  First: Middle:  City State Zip  City State Zip  Cell:

Email will be the primary mode of communication with DCS and student. **Home email is required. Application will not be processed if a home email is not provided.** Please be sure to provide your accurate email address.

School Home	Which is your preferred email address?	Yes No	Are you a US Citizen?
Yes No	Are you currently an employee of a State agency, organization, or department?	Yes No	Have you taken or are you currently enrolled in any college level Spanish class?
Yes No	Do you speak any languages besides English?	Yes No	Are you a Tennessee resident?

If 'yes' what languages? In what TN County do you reside?



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

Distribution: Original: DCS Tuition Assistance Program / Copy: Student

CS-0975

Rev: 12/15





# Application DCS Tuition Assistance BSW/BSSW Program

Please provide the following information for a contact related to you (parent, guardian, spouse):

_ast Name:	First:	Middle:	Telephone:

Street Address/Apt# City State Zip County

The information requested below is for compliance with federal laws. Your responses are voluntary and kept confidential. If you choose not to answer these questions, you will not be subject to any adverse treatment in the application process.

Sex			Race/Ethnicity			
Female	Alaskan	African	Asian or Pacific		Hispanic	Other
Male	Native	American	Islander	Caucasian		

#### **Background Information/Application Terms of Acceptance**

1.	Yes No	Are you involved in an open DCS case?  If "Yes", provide details as requested on the last page of this form: <u>Addendum: Background Information -Additional Explanations</u>
2.	Yes No	Have you ever been convicted and/or currently on probation for any misdemeanor or felony charge (or any equal offense under military law)?  If "Yes", provide details as requested on the last page of this form: Addendum: Background Information -Additional Explanations
3.	Yes No	Have you ever been identified as an indicated perpetrator of child abuse or neglect by the Tennessee Department of Children's Services or in any other state?  If "Yes", provide details as requested on the last page of this form: Addendum: Background Information - Additional Explanations
4.	initial	I agree to submit to criminal background checks prior to the beginning of the DCS office field placement that is required by the DCS Tuition Assistance BSW/BSSW Program and later for employment with the Tennessee Department of Children's Services.
5.	initial	I agree to submit to the Tennessee Bureau of Investigation Sexual Offenders Registry check by the Tennessee Department of Children's Services to determine if my name is identified on the registry maintained by the TBI in accordance with <i>Tennessee Code Annotated (TCA) 40-30-106.</i>
6.	initial	I further understand that, upon receipt of the results of the criminal background, CPS perpetrator records, and Sexual Offenders Registry checks, the Tennessee Department of Children's Services (DCS) may disqualify me from participating in the DCS office field placement or from DCS employment.
7.	initial	As part of the Tennessee Department of Children's Services volunteer and/or hiring application process, I agree to be fingerprinted and authorize the release of any investigative and criminal records obtained by the Federal Bureau of Investigation and the Tennessee Bureau of Investigation to the Department of Children's Services ( <i>TCA 38-6-114; TCA 71-3-533</i> ). If accepted into the DCS tuition program, I agree to release verification of grades, maintain a positive academic standing and appropriate progress toward the degree and immediately notify the DCS program manager of any problems with the above.



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

Distribution: Original: DCS Tuition Assistance Program / Copy: Student

CS-0975 Rev: 12/15





## Application DCS Tuition Assistance BSW/BSSW Program

8. Yes	Students, accompanied by DCS personnel, must be able to respond quickly to emergency calls. When accompanying DCS staff, they will need to be able to make emergency home visits throughout their DCS office's geographical area, entering various types of dwellingstrailers, homes, apartments, etc. Do you have any limitations that could interfere with your performing such demanding work?
9. initial	**Please Note** DCS will attempt to place the students in the DCS service region of their choice, if possible. If DCS determines based upon current staffing levels there are no employment opportunities in the DCS service region of the student's choice, the student will be required to accept a position in another DCS service region.

**Certification and Agreement:** I certify that I understand and accept the aforementioned `Application Terms of Acceptance' and attest that the information provided by me in this application is true and complete to the best of my knowledge and understand that any willful false statement is sufficient cause for rejection of this application or, if DCS tuition assistance has been awarded, the termination of this award and repayment of funds received. I understand that the DCS Tuition Assistance BSW/BSSW Stipend Program is a joint effort of the University and the Tennessee Department of Children's Services, and this application may be reviewed by both entities.

#### **Applicant's Signature**

Date

After completion, please print, and sign, and return this form along with other application materials to:

Department of Children's Services
Tuition Assistance Program
UBS Tower
315 Deaderick Street, 7<sup>th</sup> Floor
Nashville, TN 37243



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

kidcentral tn

Distribution: *Original: DCS Tuition Assistance Program / Copy: Student* 

CS-0975 Rev: 12/15



### **Application DCS Tuition Assistance BSW/BSSW Program**

Addendum: Background Information - Additional Explanations

COMP	LE I E O	INLY	IF YO	O ANSWERED	<u>1 E S</u>	IO QUESTIONS IN	<u> Backgro</u>	<u>una injor</u>	<u>mation/</u>	<u>Appiicatio</u>	<u>n rerms (</u>	<u> </u>
<u>Accept</u>	ance" S	SECT	ΓΙΟΝ									
					_							

	OMPLETE ONLY IF YOU ANSWERED " <u>YES</u> " TO QUESTIONS IN " <u>Background Information/Application Terms of Ceptance"</u> SECTION
1.	Are you involved in an open DCS case?
	If you answered "Yes", provide additional information about such a connection or involvement.
2.	Have you ever been convicted and/or currently on probation for any misdemeanor or felony charge (or any equal offense under military law)?
	If you answered "Yes", give details for each conviction. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You mus disclose any conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or (2) any conviction which has been expunged under federal or state law. A conviction will not necessarily disqualify you from participation in the DCS BSW/BSSW Stipend Program. A conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness.
3.	Have you ever been identified as an indicated perpetrator of child abuse or neglect by the Tennessee Department of Children's Services or in any other state?
	If you answered "Yes", provide dates and an explanation for each indictment.
4.	Students, accompanied by DCS personnel, must be able to respond quickly to emergency calls. When accompanying DCS staff, they will need to be able to make emergency home visits throughout their DCS office's geographical area, entering various types of dwellingstrailers, homes, apartments, etc. Do you have any limitations that could interfere with your performing such demanding work?
	If you answered "Yes", provide dates and an explanation for each indictment.

**Applicant's Full Name Applicant's Signature** Date

If this page is completed, please include with the application materials.



Rev: 12/15

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original: DCS Tuition Assistance Program / Copy: Student CS-0975 kidcentral tn