



State of Tennessee Child Welfare Benefits Application

Date Received:				
IDENTIFYING INFORMATION:				
Child's Last Name	First	Middle	Date of Birth	Social Security Number
Race	Sex	Child's County of Venue		Date of Custody
Mother's Last Name	First	Middle	Date of Birth	Social Security Number
Father's Last Name	First	Middle	Date of Birth	Social Security Number
REMOVAL HOME (From whose home the foster child was removed):				
Name of Person from whose home the child was removed?			Relationship of person to child:	
PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation):				
Name of Placement:			Date Entered Placement:	
ELIGIBILITY/REIMBURSABILITY:				
1. Is the child a U.S. Citizen or Qualified Alien? Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Is the child a Tennessee resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Is the child a Native American? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS:				
a. Parent living in the home from which the child was removed?	MOTHER		FATHER	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Is the child's parent(s) deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If "yes", date death occurred:		If "yes", date death occurred:	
c. Parent(s) disabled (physically/mentally)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. Parent(s) unemployed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother <input type="checkbox"/> Father <input type="checkbox"/> Check here if neither parent was a wage earner: <input type="checkbox"/>				
Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes <input type="checkbox"/> No <input type="checkbox"/>				
4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back.				
From	To	Name and Address		Relationship

Date Received:			

4B. Give the following information on **all** persons (including the foster child) who were living in the home from which the foster child was removed (removal home).

Name	Birth Date	Relationship to Foster Child	Social Security Number

Date Received:					
5. Financial Resources: Enter information about the foster child's financial resources and income in sections 5 thru 10 below. If the foster child's parent(s), a stepparent or foster child's sibling (whole, half, step sibling) age 18 or younger were also living in the removal home, enter their resources and income in sections 5 thru 10. Do not enter for other persons in the removal home.					
Source	Balance	Owner		Bank Name and Address	
Cash					
Checking/Savings					
IRA/CD					
Stocks/Bonds					
Trust Accounts					
Other					
6. List any real estate family members or child owns other than their home:					
Value and Amount Owed:		Owner:		Location:	
Value and Amount Owed:		Owner:		Location:	
7. List any vehicles family member or child owns:					
Value and Amount Owed:		Owner:		Model and Year:	
Value and Amount Owed:		Owner:		Model and Year:	
8. Income other than wages (Monthly amount or equivalent): Check the (Step box) if the income below is received by a stepparent in the removal home.					
	Foster Child	Mother (Step <input type="checkbox"/>)	Father (Step <input type="checkbox"/>)	Sibling (Step <input type="checkbox"/>)	Sibling (Step <input type="checkbox"/>)
Social Security					
SSI					
Veteran's Benefits					
UC/WC					
Railroad Retirement					
Pension					
Military					
Child Support					
Other					

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9. Indicate the child's payee for the above benefits:	Name:				Type of Benefits:		
	Name:				Type of Benefits:		
10. Current Employer: Check the box in the (Step) column if the wages are received by a stepparent or step sibling.							
	(Step)	From	To	Employer Name and Address	Gross Wages (amount before deductions)	Frequency (weekly, bi-weekly, semi-monthly, yearly)	# Hours Worked Per Week
Child	<input type="checkbox"/>						
Mother	<input type="checkbox"/>						
Father	<input type="checkbox"/>						
Sibling	<input type="checkbox"/>						
Sibling	<input type="checkbox"/>						
Child Care Expenses:							
Did the child's parent pay for someone to care for the child so that the child's parent could get to work, training, or look for a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", Amount Paid: _____ Frequency: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Child Care Provider Name and Address: _____ Phone Number: _____							
11. Does the child have any physical, emotional, or mental disabilities? Attach copies of the child's Individual Education Plan and psychological report from the child's case manager concerning possible disability. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly describe: _____ 							
12. Is the child attending school? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Name of school: _____ If yes, is the attendance: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Grade _____							
13. If the child is 18 and in school, is he/she expected to complete the course of study by age 19? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Expected graduation date: _____							
14. Is the home from which the child was removed receiving adoption support payments on behalf of the child? Yes <input type="checkbox"/> No <input type="checkbox"/>							
15. Does the child receive or expect an inheritance or settlement? Yes <input type="checkbox"/> No <input type="checkbox"/>							

16. Child Support Information-Non-Custodial Parent Data: (Confirm the parent/foster child relationship is reflected in the Electronic Records System.)

Foster Child's Mother:	Does a "Good Cause" reason exist to not pursue child support from the mother?: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Street Address	City	State	Zip	Telephone Number
Is this address valid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last date at above address			
Employer Name and Address	City	State	Zip	Last date employed
Is mother making child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate: Amount:	Frequency		Last date support was paid
Foster Child's Father:	Does a "Good Cause" reason exist to not pursue child support from the father?: No <input type="checkbox"/> Yes <input type="checkbox"/> Legal Parent <input type="checkbox"/> Alleged Parent <input type="checkbox"/>			
Street Address	City	State	Zip	Telephone Number
Is this address valid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last date at above address			
Employer Name and Address	City	State	Zip	Last date employed
Is father making child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate: Amount:	Frequency		Last date support was paid

Understanding of DCS Family Services Worker/Authorized Representative/Court Liaison

I understand that information may be submitted to the United States Citizenship and Immigration Services (USCIS) for verification. If the child receives Medicaid, as the child's representative, I assign to the State any other medical benefits the child has as long as the child receives Medicaid. I will cooperate with the Department of Children's Services, the Department of Human Services, the Department of Health, and the Tennessee Bureau of Investigation. I authorize the release of information to recover the benefits and investigate fraudulent claims for benefits.

I understand that I will be responsible for reporting changes in living arrangements and other criteria as required within ten (10) days. I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge.

I understand that if I disagree with action taken on this application I may appeal the decision within 90 days of the date notified.

USE OF SOCIAL SECURITY NUMBERS AND COMPUTER MATCHING: An individual applying for benefits must have a Social Security Number or apply for one, as required by PL 97-98. We use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. If those records do not match the information provided on behalf of the child, it may affect whether the child qualifies for benefits.

Family Services Worker/Authorized Representative/Court Liaison	Telephone No	Date
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ATTACH APPROPRIATE COURT ORDER(S) AND ALL OTHER PERTINENT INFORMATION

Including copies of: Court Orders, Voluntary Placement Agreements, petitions, birth certificates, and social security card, plus child's Individual Education Plan, psychological reports, Procedure to Establish Good Cause, and health insurance card.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: CWB Case File, Copy Child's Record RDA 2984

Additional comments or information may be added below: