



# Tennessee Department of Children's Services Clothing Purchase Authorization

This is authorization for the bearer to purchase clothing not to exceed the allotment amount as stated below:

Age of Child	Clothing Purchase Not to Exceed
0 - 2	\$125.00
3 - 4	\$175.00
5 - 12	\$200.00
13 - up	\$250.00

*(If this authorization form is not completed charges will not be allowed.)*

**PLEASE PRINT/TYPE CLEARLY IN ALL SECTIONS:**

Child's Name: \_\_\_\_\_ TFACTS ID: \_\_\_\_\_  
Child's SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Custody Date: \_\_\_\_\_ County: \_\_\_\_\_ SA#: \_\_\_\_\_

**PLEASE SELECT ONE: IF NO SELECTION IS MADE, PURCHASE WILL NOT BE APPROVED:**

- ☐ **Initial Allotment:** Clothing purchase made within first sixty (60) days of being in custody  
☐ **\*Emergency Allotment:** Clothing purchase made AFTER sixty (60) days of being in custody

**\*ADD JUSTIFICATION FOR EMERGENCY PURCHASES BELOW. \*\*EMERGENCY PURCHASES REQUIRES REGIONAL ADMINISTRATOR APPROVAL:**

Family Service Worker's (FSW) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
FSW's Printed Name: \_\_\_\_\_ FSW's Region: \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Region: \_\_\_\_\_  
\*\*Regional Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Name of person SHOPPING for child: \_\_\_\_\_ Relationship: ☐ Foster Parent ☐ FSW  
☐ Other \_\_\_\_\_ Amount of Purchase: \$ \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Cardholder's Region: \_\_\_\_\_

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

Distribution: Child's Case File

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