



Tennessee Department of Children's Services
**Adoption and Safe Families Act (A.S.F.A.)/Utilization
 Review**

DCS FSW & Telephone #				Date of Review			
Child's Name					DOB		
Sex		Race		Committing Court			
Date of Custody				<input type="checkbox"/> Dependent/Neglect	<input type="checkbox"/> Unruly	<input type="checkbox"/> Delinquent	
Current Placement							
Date Placed				Foster Parent's Name			
If child is a Continuum, where are they physically located?							
If child has siblings in custody, are they placed with their siblings?							
If no, explain							
PERMANENCY PLAN GOAL							
<input type="checkbox"/> Return to Parent	<input type="checkbox"/> Adoption	<input type="checkbox"/> Exit custody to live w/Relative	<input type="checkbox"/> PPLA	<input type="checkbox"/> Permanent Subsidized Guardianship			
RD approved?							
If Goal is adoption, please check all that apply							
<input type="checkbox"/> Caucasian Age 9 and above	<input type="checkbox"/> Minority Age 5 and above	<input type="checkbox"/> Severely Abused	<input type="checkbox"/> HIV Positive				
<input type="checkbox"/> Severe Physical, Emotional, and/or Behavioral Handicapping Condition	<input type="checkbox"/> Sibling group over 3 in number						
Current Anticipated Date of Discharge to Home, Foster Home, or Interdependent Living							
***COMPELLING REASON NOT TO FILE TERMINATION PETITION IF GOAL IS REUNIFICATION AT 12 MONTH PERIOD							
Barriers to Permanence Goal							
Child's Barriers							
Home/Parent Barriers							
Court/Community Barriers							
Additional Services Needed (please explain below)							

Signatures:

_____ *Family Service Worker*

_____ *Team Leader*

**** Please attach most recent Permanency Plan
 Place this form in the Permanency Section of the Child Case File**

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

Distribution: Original: Child/Youth's Case File

Copy: Permanency Plan