Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0727
Initial Intake, Placement and Well-Being Information and History

It is only necessary to type in the top line (Child's Name, DOB, Person ID) of the form once and it will auto-populate to the other pages. It will not be visible until you print or look at print preview.

1. This form was merged with form CS-0543, *Well-Being Information and History,* and form CS-0544, *Placement Checklist,* to avoid redundancy and duplication and to ensure all relevant information previously found in all 3 forms are now contained in this one form. CS-0543 and CS-0544 have been removed from the server and no longer exist.

2. When a youth is placed into foster care and requires an out-of-home placement, the appropriate DCS CM (Court Liaison, CPS CM, and/or FSW) should complete this form based on the assessment of the child/youth's medical, mental health, and educational history. All relevant behaviors and known history should be reported to ensure that full disclosure is given to anyone providing daily care to the youth. This will help inform the Foster Parent, Well-Being Unit and the FSW regarding services to be obtained.

3. If available and to ensure accuracy, this form should supply information obtained from previous agency involvement (including closed files); results of any CPS investigations; direct engagement of the child/youth, parents/caregivers and family supports; the CANS and FAST assessments; and, the Family Functional Assessment (FFA) in Regions still completing the FFA. Please be as specific as possible in recording each answer.

4. If a child/youth is being placed in a foster home, the Foster Parent(s)/provider should receive this form in conjunction with the Foster Parent Placement Contract at the time the youth is transported to the home.

5. Foster Parent(s) should not receive children into their home without the provision of this document. Once the Foster Parent(s)/provider has reviewed the document, a DCS and/or provider agency representative should ensure that the Foster Parent(s) have signed and dated the form. One copy of the completed form (pages 1-7) should be provided to the Foster Parent(s) and one copy of the entire form (pages 1-11) should be placed in the case file. Pages 9-11 contain confidential information pertaining to the Parents, Relative Contact and Siblings and should not be provided to the Foster Parent(s).

6. A copy of the entire completed form (pages 1-12) is to be provided to the Region's Well-Being Unit no later than the next business day after the child comes into custody. The entire form should be circulated at the same time to the CWBC and all relevant DCS staff as needed.

7. Forms **CS-0716, Medically Fragile Care Referral** and **CS-0715, Medically Fragile Foster Care Recommendation** must also be attached when requests for medically fragile care is being requested.

8. For any child/youth re-entering custody from an adoptive placement, the CPS CM/FSW will immediately notify the Permanency Specialist, Child Welfare Benefits Counselor, Regional and Central Office Fiscal Staff.

9. Whenever additional information is gathered that can be added to this form, the staff person who collects the new information should ensure it is shared electronically with all DCS staff involved with the child/youth. This will help ensure the form is completed as thoroughly as possible and all relevant parties are made aware of the needed information. All additional information will be updated to the existing form. A new form will not need to be initiated. The updated form will be shared with the Foster Parent unless it is information that resides on pages 9-11.

10. Pages 1-5 contain information that is necessary for Health Care Providers to receive as part of the EPSD&T process as well as all health-related appointments, including dental and mental health care. This portion of the form should travel with the child to all appointments. Pages 7-12 contain information that is legally not necessary for Health Care providers to receive. These pages of the form will not be given to Health Care providers. All sections are clearly labeled to help the CM identify the appropriate pages. There are also breaks between these sections to further clarify.

11. Under TN law, 16-year-old (and older) youths have the same rights as adults to confidentiality of their mental health/A&D information. Therefore, an **CS-0559, Authorization of Release of Information and HIPAA PHI To or From DCS and Notification of Release** will be obtained from the youth before releasing their mental health or A&D info EXCEPT in the following situations:

    a. To health care providers treating the youth for mental health or A&D issues, or to providers who refer the youth for mental health/A&D treatment;
    b. Disclosure of their mental health or A&D information may be necessary to assure service or care to the youth by the least drastic means appropriate for that youth (F*or example, when making placement referrals for a youth and their mental health/A&D info is needed to obtain the least restrictive placement*);
    c. A youth is in residential treatment and the disclosure is solely information as to the youth's overall medical condition without clinical details and is sought by the youth's

family members, relatives, conservator, legal guardian, guardian ad litem, foster parents, or friends;

d. A youth moves from one service provider to another and exchange of information is necessary for continuity of service;
e. A custodial agent for another state agency that has custody of the youth cannot perform the agent's duties properly without the information (For example, when a youth is court ordered into a detention center, held in an adult jail, or committed to a state mental health institute and they need the youth's mental health/A&D information to provide care to the youth in their facility.

12. **Native American Heritage Veto/Verification –** Cases with Native American/Alaskan Native Heritage or Tribal affiliation include any case involving:

- A parent, child or custodian member of an Indian Tribe (see Policy 16.24 for definitions of Indian Child or Tribe);
- A parent, child, or custodian eligible for membership in an Indian Tribe; or
- The biological child of a member of an Indian Tribe.

For all cases with reported or suspected Tribal affiliation, the case manager must immediately, but in no case later than seventy-two (72) hours, complete and submit a referral to the International, Immigration, and Cultural Affairs ("II&CA") Division as outlined in DCS policy ***16.24, Children of Native American Heritage***. For cases without membership/registration documentation for each indicated Tribal affiliation, the case manager must complete the **Native American Heritage Information Inquiry** form.

If the family reports having Native American heritage but cannot identify the Tribal affiliation or membership/registration information, the II&CA Specialist will send form letter **Request for Determination of Tribal Affiliation**. If Tribal affiliation is confirmed, the II&CA Specialist will send form letter **ICWA Notice and Confirmation Request**, via certified/registered mail, return receipt requested, to the following:

- The ICWA designated agents for each Tribe in which the child is or may be enrolled (***ICWA Designated Agents***),
- The child's parents,
- The child's Indian custodian, if applicable, and
- The Eastern Regional Director, Bureau of Indian Affairs, 545 Marriott Drive, Suite 700, Nashville, TN 37214.

13. In all cases for youth being referred for Youth Development Center (YDC) placement this form will be used.

14. This form will be filed in the Custody Intake section if filed electronically. In hard case file, please file under the Health section.