



Tennessee Department of Children's Services

Full Disclosure Statement: Permanency Options for Relative or Kin Caregivers

Child's Name: _____ DOB: _____ Custodial Non-Custodial

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Child's Name: _____ DOB: _____ Custodial Non-Custodial

Child's Name: _____ DOB: _____ Custodial Non-Custodial

My signature below indicates that

1. The DCS worker has informed me of the available options and services to me as a relative or kin caretaker;
2. I have had the opportunity to ask questions and have my questions answered;
3. I have been provided a copy of the **Guide to Full Disclosure of Permanency Options**;

Signature of Relative or Kin Caregiver _____
Date

Signature of Relative or Kin Caregiver _____
Date

My signature below indicates that I have provided a copy of the Guide to Full Disclosure to Permanency Options to this relative or kin and explained the contents of the guide to the relative or kin. If there are questions that I cannot answer, I will provide those answers as soon as possible. DCS will provide ongoing discussion regarding permanency options through Child and Family Team Meetings (CFTMs), home visits, court contacts, Foster Care Review Board meetings and family outings/visitations.

Signature of DCS Staff _____
Date

DCS Staff Telephone Number

DCS Staff Email Address