



Intent to Obtain Subsidized Permanent Guardianship Placement Agreement

CHILD IDENTIFYING INFORMATION:				
Child's Last Name:	Child's First Name:	Middle:	Date of Birth:	Person ID:
Sex:	Race:	Hispanic/Latino:		
PERMANENT GUARDIAN(S) INFORMATION:				
Permanent Guardian Last Name:	Permanent Guardian First Name:	Permanent Guardian Address:	Permanent Guardian Email Address:	Permanent Guardian Phone Number:
Permanent Guardian Last Name:	Permanent Guardian First Name:	Permanent Guardian Address:	Permanent Guardian Email Address:	Permanent Guardian Phone Number:
INTENT TO OBTAIN SUBSIDIZED PERMANENT GUARDIANSHIP:				
1. I accept this child/youth for permanent placement into our family on this day.				
2. I have received a copy of the history and all known information on the child/youth and understand its contents.				
3. I accept this child/youth into our family with full understanding of his/her needs				
4. I further understand that I am accepting parental responsibility for this child/youth and am committed to permanently caring for him/her from this day forward.				
5. I understand that legal custody will remain with the Tennessee Department of Children's Services until the Permanent Guardianship is legally transferred.				
Now, therefore, it is hereby and herewith mutually agreed by and between the parties hereto as follows:				
1. I, the Foster parent(s), agree:				
<ul style="list-style-type: none"> a) To assume responsibility for the normal day to day care of the child. b) To cooperate with the DCS/Provider and keep the worker aware of adjustment problems or other issues. c) To accept family counseling as recommended to assist with adjustment problems. d) To participate in scheduled Child and Family Team Meetings regarding _____. e) To continue regular visitation and/or contact with the designated siblings and relatives (when applicable). f) To understand by that accepting _____, I am accepting one of a sibling group and that if disruption of the placement becomes the plan, I will not attempt to separate _____ from his/her siblings by requesting to keep this child (when applicable). g) To notify DCS of any change in address including any plan to move to another state. h) To provide ongoing care for the child until another placement is made if disruption becomes the plan unless another plan is requested by DCS. i) I understand that at any time during the pre-permanency placement period, a CFTM can be convened to discuss if Permanent Guardianship is in the best interest of the child. 				
2. We, DCS/Provider, agree:				
<ul style="list-style-type: none"> a) To provide the current foster home board payment until transfer of Permanent Guardianship. b) To assist the Permanent Guardian in arranging specialized services for the child (special education, psychological services, etc.). c) To notify the family of the date, time, and place of each CFTM. d) To provide necessary legal documents at the appropriate time and process the report to the court in a timely fashion. 				

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, SPG Case File, Permanent Guardian(s)

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3. I, the child/youth, accept _____ as my Permanent Guardian(s). I have been consulted regarding the Subsidized Permanent Guardianship arrangement. It has been explained that this legal arrangement will allow _____ to make decisions for me just like a parent and that I will leave the custody of DCS. I also understand that _____ as my permanent guardians have agreed to permanently love and care for me.

The above stated conditions are accepted by the Guardian(s) and the Department of Children's Services.

SIGNATURE OF PERMANENT GUARDIAN(S):

Permanent Guardian:

Date:

Permanent Guardian:

Date:

SIGNATURE OF CHILD/YOUTH:

Child/Youth:

Date:

SIGNATURE OF DCS/PROVIDER:

DCS/Provider:

Date: