



Tennessee Department of Children's Services  
**Permission to Place DCS Child in DCS Employee or Contract Agency Foster Home**

<b>Requesting Region:</b>		<b>Date of Request:</b>
<b>Child's Name:</b>	<b>DOB:</b>	<b>Child TFACTS ID#</b>
<b>Foster Parent Name:</b>		<b>Resource Home TFACTS ID#</b>
<b>Foster Home Region/Organization:</b>		
<b>Foster Parent's Employer/ Region:</b>		
<b>Is the line of supervision (through Team Coordinator level) the same for the foster home and child?</b>		
<b>If yes, are their plans to transfer supervision of the home or child to avoid a conflict of interest?</b>		
<b>Child's Guardianship Status:</b> <input type="checkbox"/> Full Guardianship <input type="checkbox"/> Partial Guardianship <input type="checkbox"/> No Guardianship		
<b>Is there a relationship between the child and potential foster parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, describe the relationship:</b>		
<b>Describe the child's current placement:</b> <input type="checkbox"/> Temporary <input type="checkbox"/> Transitional <input type="checkbox"/> Residential <input type="checkbox"/> None of these		
<b>What is the permanency status of this child (what is the current plan and does this placement help achieve that plan)?</b>		
<b>Has the Child and Family Team been notified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If the team has not been notified, this must occur within one business day of placement.)		
<b>If yes, were concerns voiced by any of the team members?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If concerns are noted, a full Child and Family Team Meeting must be held.)		
<b>Provide any additional justification that exists supporting this placement (if any):</b>		

I agree with the recommendation of this placement and feel that any concerns related to conflict of interest have been sufficiently addressed.

\_\_\_\_\_  
 Regional Director

\_\_\_\_\_  
 Telephone Number

I agree with the recommendation of this placement and feel that any concerns related to conflict of interest have been sufficiently addressed.

I agree with the recommendation of this placement and feel that any concerns related to conflict of interest have been sufficiently addressed for a temporary placement, but additional information (requested below) is needed for permanent placement approval.

I do not agree with the recommendation of this placement and have provided an explanation below.

\_\_\_\_\_  
 Director of Foster Care/ Designee

\_\_\_\_\_  
 Date



**Additional Information Needed/ Explanation of Denial:**

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

*Distribution: Foster Home Case File*

*RDA 2877*

CS- 0763

Rev: 2/24