



Tennessee Department of Children's Services

# Referral for Legal Representation on a TennCare Appeal

Child in Guardianship?  Yes  No    TennCare Matter ID: \_\_\_\_\_    Referral Date: \_\_\_\_\_

**CHILD'S IDENTIFYING INFORMATION**

Child's Name: \_\_\_\_\_    SSN#: \_\_\_\_\_    DOB: \_\_\_\_\_  
 Home County: \_\_\_\_\_    DCS Region: \_\_\_\_\_

**PLACEMENT INFORMATION**

Placement Provider: \_\_\_\_\_  
 Provider Contact: \_\_\_\_\_    Title: \_\_\_\_\_  
 Current Placement: \_\_\_\_\_    Placement Address: \_\_\_\_\_  
 Placement County: \_\_\_\_\_    City: \_\_\_\_\_    Zip: \_\_\_\_\_  
 Placement Contact: \_\_\_\_\_    Phone: \_\_\_\_\_    Alt # \_\_\_\_\_

**DCS INFORMATION**

Child's Family Service Worker: \_\_\_\_\_    Phone (ext): \_\_\_\_\_  
 FSW Email: \_\_\_\_\_    FSW Fax: \_\_\_\_\_  
 DCS Office Address: \_\_\_\_\_    City: \_\_\_\_\_    Zip: \_\_\_\_\_  
 Team Leader: \_\_\_\_\_    Phone (ext): \_\_\_\_\_  
 Regional Health Advocacy Rep: \_\_\_\_\_    Phone (ext): \_\_\_\_\_  
 HAR Email: \_\_\_\_\_    HAR Fax: \_\_\_\_\_

**APPEAL INFORMATION**

Who Filed Appeal?: \_\_\_\_\_    Relationship to Child: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Date of Appeal: \_\_\_\_\_    Type of Appeal: \_\_\_\_\_  
 Service Appealed: \_\_\_\_\_    Reason for Appeal: \_\_\_\_\_  
 Urgent/Expedited?  Yes  No    Hearing - Date: \_\_\_\_\_    Time: \_\_\_\_\_

Remarks (if any): \_\_\_\_\_  
 \_\_\_\_\_

**LEGAL CONTRACTOR INFORMATION**

Referral Sent to: \_\_\_\_\_