



Tennessee Department of Children's Services

Non-Custodial Expedited Placement Assessment Summary

Child(ren) To Be Placed			
County:			
Name	DOB	Social Security Number	Relationship to Caregiver
		- -	
		- -	
		- -	
		- -	
Date of Home Visit/Walk through:			
Proposed Caretaker(s)			
Name	DOB	Social Security Number	Telephone Numbers
		- -	cell () -
		- -	cell () -
Address:			home () -
City/State:			email
Marital Status:			
<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> Sep. <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Other (explain) Length of relationship:			
Other Adults in Household			
(List separately/use additional sheet to list household members if needed)			
Name:	DOB:	Name:	DOB:
Relationship to proposed caregiver:		Relationship to proposed caregiver:	
Name:	DOB:	Name:	DOB:
Relationship to proposed caregiver:		Relationship to proposed caregiver:	
Other Children in Household-Complete TFACTS History Search on each Child			
(List separately/use additional sheet to list additional household members if needed)			
Name:	DOB:	Name:	DOB:
Relationship to proposed caregiver:		Relationship to proposed caregiver:	
Name:	DOB:	Name:	DOB:
Relationship to proposed caregiver:		Relationship to proposed caregiver:	
Clearances			
(May use this form in lieu of the separate clearance forms for the Internet Records Clearance- Felony, Sex Offender, Abuse Registry, Health and Meth Offender only. Please list names of all parties checked, date verified, and results.)			
Attach any matches.			

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Law Enforcement/child abuse and neglect clearances for all household members age 18 years or older.						
Local Criminal Police Record Results (CS-0751) (This check should be completed in each county where the proposed caregiver has resided for the last 5 years)	Child Abuse and Neglect (CPS/SSMS/TFAC TS): (CS-0741)	Code X (CS-0691) For emergency placements only. CODE X is not required on the parent and other adults in the home unless other background checks are a concern.	Felony Record: https://apps.tn.gov/fail	National Sexual Offender Registry: www.nsopr.gov/	Methamphetamine Offender Registry Check: https://apps.tn.gov/methor	Dept. Health Vulnerable Persons Check: https://apps.health.tn.gov/AbuseRegistry/default.aspx
Name: _____			Results: All Clear <input type="checkbox"/> See Attached <input type="checkbox"/>			
Name: _____			Results: All Clear <input type="checkbox"/> See Attached <input type="checkbox"/>			
Name: _____			Results: All Clear <input type="checkbox"/> See Attached <input type="checkbox"/>			
Name: _____			Results: All Clear <input type="checkbox"/> See Attached <input type="checkbox"/>			
Name: _____			Results: All Clear <input type="checkbox"/> See Attached <input type="checkbox"/>			
Are all the adult household members willing to be fingerprinted if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date of appropriate approvals if waiver is needed: _____						
How will the proposed caregiver protect the child(ren) from the offender(s) (court orders/visitation restrictions)? _____ _____						
What is the proposed caregiver's understanding of time frame to which they will be providing care? _____ _____						
What are the proposed caregiver's child care plans? _____ _____						
Proposed Caretaker/Spouse						
What is the proposed caregiver's understanding of the situation that caused this request? _____ _____						
Child's Basic Needs						
Briefly describe the proposed caregiver's ability to meet the child(ren)'s basic needs (i.e., social, educational, emotional, health): _____ _____ _____						
Health						
Has the proposed caregiver and other household members stated that they are in basic, good physical and mental health to care for the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is the proposed caregiver/adult household member(s) prescribed any controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____						

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Household member name	Medication(s)	Dose

If health issues exist, what are the proposed caregiver's (or other household member's) plan to follow universal health precautions?

Home

Briefly describe the adequacy of space and housekeeping standards:

Describe sleeping arrangements for child(ren) 12 months or younger:
If a child is 12 months or younger, please complete the [Safe Sleep Assessment](#).

Will the child(ren) have his/her own bed? ☐ Yes ☐ No

Will the child(ren) share a bedroom? ☐ Yes ☐ No (if yes, list name[s], DOB and gender below)

Name	DOB	Gender

Are there any weapons in the home? ☐ Yes ☐ No
If yes, are the weapons stored properly. ☐ Yes ☐ No

Does the home have a fire extinguisher? ☐ Yes ☐ No

Does the home have a working smoke detector? ☐ Yes ☐ No

Does the home have a working telephone? ☐ Yes ☐ No

Are there any prescribed or non-prescribed medications in the home? ☐ Yes ☐ No
If yes, are the medications stored properly ☐ Yes ☐ No

Is there a pool/spa/water hazard on the property? ☐ Yes ☐ No
If 'yes', complete the [Water Hazard / Pool Safety Assessment Tool](#).

Were any other potential hazards, safety problems observed/viewed (please specify):

Photos of the home attached/electronic (if required): ☐ Yes ☐ No ☐ N/A

Additional Information
(as determined by the summary author)

What is the safety plan to resolve any areas of concern on the [Water Hazard / Pool Safety Assessment Tool](#)?

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What are the key positive points to support this placement?															
Worker's Recommendations: Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____															
References															
Name: _____ Phone: _____ Comments: _____	Name: _____ Phone: _____ Comments: _____														
<i>To be completed if a custody order is being pursued</i>															
Household Income: \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly															
Household monthly expenses: \$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Rent/Mortgage: \$ _____</td> <td style="width: 50%; padding: 5px;">Electric: \$ _____</td> </tr> <tr> <td style="padding: 5px;">Water: \$ _____</td> <td style="padding: 5px;">Home Gas: \$ _____</td> </tr> <tr> <td style="padding: 5px;">Cable/Internet: \$ _____</td> <td style="padding: 5px;">Insurance: \$ _____</td> </tr> <tr> <td style="padding: 5px;">Car Payment: \$ _____</td> <td style="padding: 5px;">Vehicle Gas: \$ _____</td> </tr> <tr> <td style="padding: 5px;">Grocery: \$ _____</td> <td style="padding: 5px;">Cell: \$ _____</td> </tr> <tr> <td style="padding: 5px;">Child Support/Alimon: \$ _____</td> <td style="padding: 5px;">Other/misc: \$ _____</td> </tr> <tr> <td style="padding: 5px;">Other/misc: \$ _____</td> <td style="padding: 5px;">Other/misc: \$ _____</td> </tr> </table>		Rent/Mortgage: \$ _____	Electric: \$ _____	Water: \$ _____	Home Gas: \$ _____	Cable/Internet: \$ _____	Insurance: \$ _____	Car Payment: \$ _____	Vehicle Gas: \$ _____	Grocery: \$ _____	Cell: \$ _____	Child Support/Alimon: \$ _____	Other/misc: \$ _____	Other/misc: \$ _____	Other/misc: \$ _____
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Grocery: \$ _____	Cell: \$ _____														
Child Support/Alimon: \$ _____	Other/misc: \$ _____														
Other/misc: \$ _____	Other/misc: \$ _____														
Employer's Name and Address: _____															
Employer's Telephone: () - _____															
Employment Job Title: _____															
Length of time with current employer: _____															
Other Information: _____															
If less than one year, prior employer and dates of employment: _____															
Is the present household income adequate to meet the child(ren)'s needs? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Have Relative Caregiver Options (CS-0660) been discussed with the family? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Has social service funds for which they may be eligible (i.e., Families First, TANF, AFDC, etc.) been discussed with the proposed caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Is the proposed caregiver aware that this placement does not qualify them as a foster parent and comes with no financial assistance from the Department of Children's Services? <input type="checkbox"/> Yes <input type="checkbox"/> No															

Signatures	
By signing below, proposed caregiver(s) acknowledges that this document was discussed and agrees to any recommendations, plans, etc.	
<hr/> Proposed Caregiver	<hr/> Date
<hr/> Proposed Caregiver	<hr/> Date
Worker Signature:	Date of approval:
Team Leader Signature:	Date of approval:
Team Coordinator Signature:	Date of approval (may be verbal):

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