



Tennessee Department of Children's Services

Kinship Exception Request

PART 1---FAMILY INFORMATION

Date:

Family Case Name:

Case #:

Child's Name	Date of Birth	Race	Sex	Special Needs

PART 2---PARTIES RESPONSIBLE FOR COMPLETING KINSHIP EXCEPTION REQUEST

Requesting Case Manager:		<input type="checkbox"/> CPS	<input type="checkbox"/> FSW
Region:		County:	
Reviewing Team Leader/Team Coordinator:			Date Reviewed:

☐ KER APPROVED

☐ KER DENIED

Date consult note/form entered into TFACTS:				
Signature of KER Approver:			Date:	
Other Information/Regional Protocol Requirements:				

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Tennessee Department of Children's Services
Contact Sheets for Genogram

Child Name:		DOB:	
Initiated by:		Date:	

Genogram

Parent Relationship	Name	Phone	Address	Diligent Search Searching, Notified or N/A	Comments (Include dates of Marriages and Divorces)		
Birth Mother							
Birth Father							
Legal Parent							
Putative Father							
Other Parent							
Family Relationship	Name	Phone	Address	Diligent Search: Searching, Notified or N/A	Placement Option? Permanent, Temporary or Not Option	Barrier Code	Comments
Step Mother							
Step Father							
Paramour							
Maternal Grandmother							
Maternal Grandfather							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Cousin							
Maternal Cousin							
Paternal Grandmother							
Paternal Grandfather							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							

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Paternal Aunt/Uncle							
Paternal Aunt/Uncle							
Paternal Cousin							
Paternal Cousin							
Adult Sibling							
Adult Sibling							
Sibling's Parent							
Other Relatives							Relationship:
Barrier	Code	Barrier	Code	Barrier	Code		
Removal Home/Failure to Protect	1	Failed Expedited Study (Policy 16.20)	9	Lives Out of State/Country	17		
Domestic Violence	2	Inadequate Finances, Space, Housing	10	Undocumented Immigrant	18		
Alleged Child Perpetrator	3	Lack of Transportation	11	Deported	19		
Verified/Reported Sexual Offender	4	Serious Health/Mental Health Issue	12	Incarcerated	20		
Failed Background Checks	5	Unable to Provide Adequate Supervision	13	Unable to Locate	21		
Unwaivable DCS/Criminal History	6	Under Age 18	14	Deceased	22		
Court Order Restriction or Violation	7	Waivable DCS/Criminal History	15	Resource Unwilling	23		
Failed Drug Screen/Abuse/Addiction	8	No Significant Relationship to Child	16	Other: Specify	24		

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Community Support	Name/Agency	Phone	Address	Contacts/Important People to child/youth/family	Dates Attended/Services Delivered
Neighbors					
Neighbors					
Neighbors					
Neighbors					
School Personnel					
School Personnel					
School Personnel					
School Personnel					
Church Friends					
Church Friends					
Church Friends					
Church Friends					
Community Friends					
Community Friends					
Community Friends					
Community Friends					
Others					

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Genogram Drawing (Optional)

