

# Tennessee Department of Children's Services Kinship Exception Request

#### PART 1---FAMILY INFORMATION

Date:	Family Case Name:			
Child's Name	Date of Birth	Sex	Special Needs	

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

Requesting DCS Staff:	Requestor's Program Area:
Region:	County:
Reviewing Team Leader/Team	Date
Coordinator:	Reviewed:

KER APPROVED	KER DENIED	
Date consult note/form completed in the		
Electronic Record System:		
Signature of KER Approver:		Date:
Other Information/		
Requirements:		

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## Tennessee Department of Children's Services **Contact Sheets for Genogram**

Child Name:	DOB:	
Initiated by:	Date:	
Revised by:	Date:	

### Genogram

Parent Relationship	Name	Phone	Address	Diligent Search Searching, Notified, or Deceased	Comments (I	nclude dates of Marriages and Divorces)
Birth Mother				Choose an item.		
Birth Father				Choose an item.		
Legal Parent				Choose an item.		
Putative Father				Choose an item.		
Other Parent				Choose an item.		
Family Relationship	Name	Phone	Address	Diligent Search Se Notified, or Decea		Barrier Code
Stepmother				Choose an item.		Choose an item. Other, specify:
Stepfather				Choose an item.		Choose an item. Other, specify:
Paramour				Choose an item.		Choose an item. Other, specify:
Maternal Grandmother				Choose an item.		Choose an item. Other, specify:
Maternal Grandfather				Choose an item.		Choose an item. Other, specify:
Maternal Aunt/Uncle				Choose an item.		Choose an item. Other, specify:
Maternal Aunt/Uncle				Choose an item.		Choose an item.

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		Other, specify:
Maternal Aunt/Uncle	Choose an item.	Choose an item. Other, specify:
Maternal Aunt/Uncle	Choose an item.	Choose an item. Other, specify:
Maternal Cousin	Choose an item.	Choose an item. Other, specify:
Maternal Cousin	Choose an item.	Choose an item. Other, specify:
Paternal Grandmother	Choose an item.	Choose an item. Other, specify:
Paternal Grandfather	Choose an item.	Choose an item. Other, specify:
Paternal Aunt/Uncle	Choose an item.	Choose an item. Other, specify:
Paternal Aunt/Uncle	Choose an item.	Choose an item. Other, specify:
Paternal Aunt/Uncle	Choose an item.	Choose an item. Other, specify:
Paternal Aunt/Uncle	Choose an item.	Choose an item. Other, specify:
Paternal Cousin	Choose an item.	Choose an item. Other, specify:
Paternal Cousin	Choose an item.	Choose an item. Other, specify:
Adult Sibling	Choose an item.	Choose an item. Other, specify:
Adult Sibling	Choose an item.	Choose an item.

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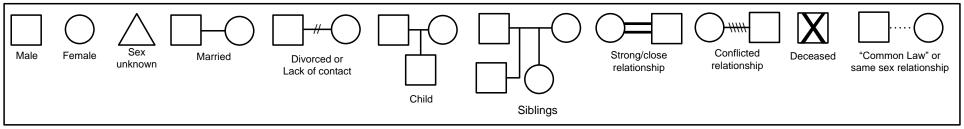
						Othe	r, specify:
Sibling's Parent				Choose	an item.		se an item. 7, specify:
Other Relatives/Kinsh	ip			Choose	an item.	Relat	onship:
Other Relatives/Kinsh	ip			Choose	an item.	Relat	onship:
Other Relatives/Kinsh	ip			Choose	an item.	Relat	onship:
Other Non- Relative/Kinship				Choose	an item.	Relat	onship:
Other Non- Relative/Kinship				Choose	an item.	Relat	onship:
Other Non- Relative/Kinship				Choose	an item.	Relat	onship:
Ecomap							
Community Support	Name/Agency	Phone	Address		Contacts/Important to child/youth/famil		Dates Attended/Services Delivered
Neighbors							
Neighbors							
Neighbors							
Neighbors							
School Personnel							
School Personnel							
School Personnel							
School Personnel							
Church Friends							
Church Friends							
Church Friends Church Friends							
Church Friends Church Friends							
Church Friends							

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Community Friends			
Others			
Others			

### Genogram Drawing (Optional)



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