



Tennessee Department of Children's Services

Application, Referral, and Authorization for Adoption Childcare Assistance

Status: ☐ INITIAL ☐ RECERTIFICATION ☐ TERMINATION

CHILD IDENTIFYING INFORMATION:

CHILD'S NAME			CHILD'S NAME			CHILD'S NAME			CHILD'S NAME		
SOCIAL SECURITY #			SOCIAL SECURITY #			SOCIAL SECURITY #			SOCIAL SECURITY #		
DATE OF BIRTH		AGE	DATE OF BIRTH		AGE	DATE OF BIRTH		AGE	DATE OF BIRTH		AGE
RACE	GENDER	DISABILITY (Y/N)?	RACE	GENDER	DISABILITY (Y/N)?	RACE	GENDER	DISABILITY (Y/N)?	RACE	GENDER	DISABILITY (Y/N)?
Childcare Service Type			Childcare Service Type			Childcare Service Type			Childcare Service Type		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Before School	<input type="checkbox"/> After School
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Before & After School		<input type="checkbox"/> Part-Time	<input type="checkbox"/> Before & After School		<input type="checkbox"/> Part-Time	<input type="checkbox"/> Before & After School		<input type="checkbox"/> Part-Time	<input type="checkbox"/> Before & After School	
(Official Use ONLY)			(Official Use ONLY)			(Official Use ONLY)			(Official Use ONLY)		
Person ID			Person ID			Person ID			Person ID		
Effective Date		Expiration Date	Effective Date		Expiration Date	Effective Date		Expiration Date	Effective Date		Expiration Date

ADOPTIVE PARENT INFORMATION:

ADOPTIVE PARENT NAME	SOCIAL SECURITY #	ADDRESS	COUNTY OF RESIDENCE	EMAIL	PHONE NUMBER
1.					
2.					

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

Distribution:

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REASON FOR REQUEST FOR CHILDCARE SERVICES		
<input type="checkbox"/>	The child was adopted from DCS foster care and is currently a recipient of Adoption Assistance.	
<input type="checkbox"/>	The child has been approved for Adoption Assistance and is anticipated to be adopted on .	
REQUIRED VERIFICATION		
✓	A copy of the adoption assistance agreement submitted with the application for childcare assistance and/or electronically filed in the child's subsidy record.	
✓	A copy of each CHILD'S BIRTH CERTIFICATE and SOCIAL SECURITY CARD in the adoptive name is REQUIRED unless the adoption has been finalized for less than nine (9) months. Exceptions to this requirement may be considered in extenuating circumstances and on a case-by-case basis.	
CHILDCARE PROVIDER INFORMATION <i>(Provider Information is required to process the referral.)</i>		
PROVIDER NAME:		PROVIDER PHONE NUMBER:
PROVIDER ADDRESS:		PROVIDER COUNTY:
SIGNATURE OF ADOPTIVE PARENT(S)		
ADOPTIVE PARENT SIGNATURE:		DATE:
ADOPTIVE PARENT SIGNATURE:		DATE:
FOR DCS OFFICIAL USE ONLY		
DCS APPROVAL		
<input type="checkbox"/> APPROVED		
<input type="checkbox"/> DENIED	DENIAL DATE:	
<input type="checkbox"/> TERMINATION	TERMINATION DATE:	
REASON FOR DENIAL OR TERMINATION OF CHILDCARE SERVICES:		
DCS CHILDCARE ASSISTANCE SPECIALIST:		DATE:
DCS CHILDCARE ASSISTANCE APPROVER:		DATE:

TCA 36-1-205

Whoever knowingly obtains, or attempts to obtain, or aids, or abets any person to obtain, by means of willfully false statement or representation or by impersonation, or other fraudulent device, any assistance on behalf of a child or other persons pursuant to the Interstate Compact on Adoption and Medical Assistance to which such child or other person is not entitled or assistance greater than such child or other person is entitled, commits a Class E felony. *(This means that making any statement that is not true OR failing to inform the Agency of any later change that might affect the adopted child's eligibility for the current assistance may result in criminal charges.)*

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