



Electronic Case File Checklist

If you click on the category link below, you will be taken straight to the category.

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[Independent Living/Extension of Foster Care](#)

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[Placement Adoption Guardianship](#)

[Prevention](#)

[Resource Home](#)

[Subsidy](#)

[Unknown Conversion](#)

[Youth Development Center](#)

Assessment/Verification

<input type="checkbox"/>	CS-0559 Authorization for Release of Information and HIPAA Protected Health Information
<input type="checkbox"/>	Auto Insurance
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Child Safety Plan
<input type="checkbox"/>	CS-0638 Case Transfer List
<input type="checkbox"/>	Contingency Plan
<input type="checkbox"/>	Current Auto Registration
<input type="checkbox"/>	Custodial or Court Documents
<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	Diligent Search
<input type="checkbox"/>	Divorce Decrees
<input type="checkbox"/>	DNA Test Results
<input type="checkbox"/>	Driver's License or State ID
<input type="checkbox"/>	Driving Record Check
<input type="checkbox"/>	Family Notification Letter
<input type="checkbox"/>	FAST 2.0

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<input type="checkbox"/>	CS-0774 Genogram Contact Sheets
<input type="checkbox"/>	Life Skills Assessment
<input type="checkbox"/>	Marriage Certificate
<input type="checkbox"/>	Medical Insurance
<input type="checkbox"/>	Pet Vaccination
<input type="checkbox"/>	Photo of Child
<input type="checkbox"/>	CS-0862 Request for Home Investigation
<input type="checkbox"/>	Safe Baby Sleep Assessment
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	TINS (Toddler Infant Needs and Strengths)
<input type="checkbox"/>	Verification of Housing
CPSI/CPSA	
<input type="checkbox"/>	Autopsy
<input type="checkbox"/>	CS-0929 Border Agreement Consent for Transportation
<input type="checkbox"/>	CS-0927 Border Agreement Kinship Home Placement Checklist and Consent for Medical Treatment
<input type="checkbox"/>	CS-0928 Border Agreement Non-custodial Immediate Safety Plan
<input type="checkbox"/>	Child Abuse Registry Review
<input type="checkbox"/>	CS-0561 Child Protective Investigative Team (CPIT) Review
<input type="checkbox"/>	CS-0680 Child Protective Services Intake
<input type="checkbox"/>	CS-0740 CPS Investigation Summary and Classification
<input type="checkbox"/>	Forensic Interview
<input type="checkbox"/>	CS-0701 Immediate Protection Agreement
<input type="checkbox"/>	IPA Documentation
<input type="checkbox"/>	Law Enforcement Reports
<input type="checkbox"/>	Medical and or Psychological Exams to Document Injuries
<input type="checkbox"/>	Notice of Protective Custody Form or Letter
<input type="checkbox"/>	Other Correspondence
<input type="checkbox"/>	Out of State Courtesy Interview Requests - CPSI
<input type="checkbox"/>	Photographs of Physical Injury or Condition with Accompanying Photos
<input type="checkbox"/>	Prevention Services Documentation
<input type="checkbox"/>	CS-0826 Special Investigations (SIU) - Notification of Case Initiation and Closure
<input type="checkbox"/>	Unknown Conversion
Due Process	
<input type="checkbox"/>	Administrative Procedures Division Actions
<input type="checkbox"/>	Attorney Correspondence
<input type="checkbox"/>	CS-0554 CFR Request to Perpetrator
<input type="checkbox"/>	CS-0667 Received Request for Stay from DCS Region
<input type="checkbox"/>	Chancery Court Order
<input type="checkbox"/>	Missed Timeframe Notice
<input type="checkbox"/>	Letter B - Notice of Acknowledgment
<input type="checkbox"/>	Letter B_M - Notice of Acknowledgment for Minors
<input type="checkbox"/>	Notice of Indication to Perpetrator
<input type="checkbox"/>	Letter C - Notice of Results-Hearing Offer
<input type="checkbox"/>	Letter 2B - Notice of Results-Hearing Offer_EO

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<input type="checkbox"/>	Letter 2 - Notice of Results-Hearing Offer_ER
<input type="checkbox"/>	Letter F - Notice of Stay
<input type="checkbox"/>	Letter 3 - Notice to Agency-Organization
<input type="checkbox"/>	Other Court Orders Supporting Due Process
<input type="checkbox"/>	Rebuttal Information
<input type="checkbox"/>	Letter H - Reclassification Notice
<input type="checkbox"/>	Request for Formal File Review Letters
<input type="checkbox"/>	Request for Reinstatement
<input type="checkbox"/>	Statement of Service
<input type="checkbox"/>	Termination Notice
<input type="checkbox"/>	Unknown Conversion – Due Process
<input type="checkbox"/>	Verification of Letter A Delivery
Education	
	College Enrollment/Attendance Information
<input type="checkbox"/>	College Enrollment Documentation
<input type="checkbox"/>	Free Application for Federal Student Aid (FAFSA) Including Confirmation Page
	Day Care Documentation
<input type="checkbox"/>	Day Care Reports
<input type="checkbox"/>	Discipline Records
	Educational Placement Information
<input type="checkbox"/>	CS-0772 Educational Placement Evaluation
<input type="checkbox"/>	Parent Response to Educational Placement
<input type="checkbox"/>	Placement in Private or Home School
	Graduation, Diplomas, Certificates
<input type="checkbox"/>	DCS Education HiSET Test Application
<input type="checkbox"/>	Graduation Requirements – Student Test Record
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	High School Equivalency Exam Recommendation Form
<input type="checkbox"/>	High School GED HiSET Diploma
<input type="checkbox"/>	Intent to Graduate By 19 Letter
<input type="checkbox"/>	Occupational Diploma
<input type="checkbox"/>	CS-0886 Roster of Graduates
<input type="checkbox"/>	Special Education Diploma
	School Records
<input type="checkbox"/>	CS-0703 Adjudication Notification to Schools
<input type="checkbox"/>	Attendance Records
<input type="checkbox"/>	Disciplinary Reports
<input type="checkbox"/>	CS-0657 Education Passport
<input type="checkbox"/>	CS-0889 Educational Summary
<input type="checkbox"/>	CS-0878 Home Language Study
<input type="checkbox"/>	Report Cards or Progress Reports
<input type="checkbox"/>	CS-0655 Suspension or Expulsion Documentation
<input type="checkbox"/>	TCAP Scores or labels
<input type="checkbox"/>	Transcripts
<input type="checkbox"/>	CS-0809 Verification of Full-Time School Attendance
<input type="checkbox"/>	CS-0888 Youth Education or Training Record

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	Special Education Documentation
<input type="checkbox"/>	Individual Education Plan (IEP) for Special Education Students
<input type="checkbox"/>	Section 504 Student Service Plan
<input type="checkbox"/>	Special Education Eligibility Report
<input type="checkbox"/>	Special Education Psycho-educational Evaluation
	TEIS Documentation
<input type="checkbox"/>	Individualized Family Service Plan
<input type="checkbox"/>	Response to Tennessee Early Intervention Services (TEIS) Referral
<input type="checkbox"/>	CS-0811 Tennessee Early Intervention Services (TEIS) Referral
Financial	
<input type="checkbox"/>	Aid to Families with Dependent Children (AFDC) Budget Sheet
<input type="checkbox"/>	Black Lung Forms
<input type="checkbox"/>	CS-0556 Child Care Assistance Referral and Authorization
<input type="checkbox"/>	CWB ACH Form
<input type="checkbox"/>	Child Care Assistance Referral and Authorization
<input type="checkbox"/>	Income, Financial Resource or Expense Verification
<input type="checkbox"/>	Initial Court Order
<input type="checkbox"/>	Living with a Specified Relative Verification
<input type="checkbox"/>	CS-0533 Medical Services Authorization for Non-TennCare Eligible Children
<input type="checkbox"/>	CS-0508 Notice of Child Welfare Benefits Summary for a Custodial Child
<input type="checkbox"/>	CS-0476 Notification of Change in Circumstances
<input type="checkbox"/>	Pay Stubs
<input type="checkbox"/>	Personal Household Budget
<input type="checkbox"/>	Petition that led to Child's Removal
<input type="checkbox"/>	Re-Application for TennCare
<input type="checkbox"/>	Request for Collective Fund Account Balances
<input type="checkbox"/>	Social Security Administration and or Veterans Administration Benefits Documentation
<input type="checkbox"/>	CS-0934 Special Needs Justification Form
<input type="checkbox"/>	CS-0674 Special or Extraordinary Rate Request
<input type="checkbox"/>	SSA or VA Award Letter
<input type="checkbox"/>	Substitute W-9
<input type="checkbox"/>	Title IV-D Worksheet
<input type="checkbox"/>	Title IV-E Unemployed Parent Worksheet
<input type="checkbox"/>	Trust Fund Account – Personal Withdrawal Request
<input type="checkbox"/>	Unknown Conversion - Financial
<input type="checkbox"/>	Verification of Immigration or Citizenship Status
Health	
	Authorizations/Consents/Releases
<input type="checkbox"/>	CS-1133 Appointment of Health Care Agent
<input type="checkbox"/>	CS-0377 Consent or Refusal for Testing and Release of Information Due to Exposure Incident
<input type="checkbox"/>	CS-0831 Drug Screen Consent or Refusal and Results
<input type="checkbox"/>	Informed Consent for Psychotropic Medications
<input type="checkbox"/>	CS-0991 PREA Refusal of Medical Treatment
<input type="checkbox"/>	CS-0628 Prior Approval of PRN Psychotropic Medication

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<input type="checkbox"/>	CS-0093 Release from Medical Responsibility
	Correspondence
<input type="checkbox"/>	Primary Care Physician Correspondence
<input type="checkbox"/>	CS-0351 Transportation Request
	EPSDT
<input type="checkbox"/>	CS-1096 EPSDT Screening Report
<input type="checkbox"/>	Early Periodic Screening Diagnosis and Treatment (EPSDT) Dental
<input type="checkbox"/>	CS-0708 Early Periodic Screening Diagnosis and Treatment (EPSDT) Physical Examination
	Evaluation/Treatment Documentation
<input type="checkbox"/>	CS-1097 72 Hour Health Screening Report
<input type="checkbox"/>	Additional Medical Reports/Documentation
<input type="checkbox"/>	Alcohol and Drug Assessments
<input type="checkbox"/>	Alcohol and Drug Treatment Documentation
<input type="checkbox"/>	CS-1104 Columbia Suicide Severity Rating Scale
<input type="checkbox"/>	Crisis Response Documentation or Mobile Crisis Reports
<input type="checkbox"/>	Drug Test Reports
<input type="checkbox"/>	Mental Health Assessment or Evaluation
<input type="checkbox"/>	Psychiatric or Medical Hospitalization Information
<input type="checkbox"/>	CS-0629 Psychotropic Medication Evaluation
<input type="checkbox"/>	Special Health Care Needs Info
<input type="checkbox"/>	Substance Abuse Screening Documentation
<input type="checkbox"/>	Therapy and or Counseling Progress Notes
<input type="checkbox"/>	Foster Family Health Information
	Health Record
<input type="checkbox"/>	CS-0689 Health Services Confirmation and Follow-up Notification
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Medical Birth History
<input type="checkbox"/>	Pediatric Symptom Checklist 17
<input type="checkbox"/>	Well Being Information and History
	Medical Recommendation and Review
<input type="checkbox"/>	Child with Special Health Care Needs
<input type="checkbox"/>	Medical Treatment and Review
	Medication Documentation
<input type="checkbox"/>	Medication Management Report
<input type="checkbox"/>	CS-0813 Medication Transfer
<input type="checkbox"/>	CS-0836 Medication for Pass
<input type="checkbox"/>	Prescriptions
<input type="checkbox"/>	CS-0630 Resource/Foster Home Prescription Medication Record
	TennCare/Insurance Documentation
<input type="checkbox"/>	Insurance Card
<input type="checkbox"/>	Medicaid or Additional Insurance Information
<input type="checkbox"/>	TennCare Documentation or Information
<input type="checkbox"/>	TennCare Medical Appeal
<input type="checkbox"/>	Unknown Conversion - Health
	YDC Health
<input type="checkbox"/>	CS-0849 Abnormal Involuntary Movement Scale (AIMS)
<input type="checkbox"/>	CS-0850 Audiogram

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<input type="checkbox"/>	CS-0081 Consultation Record
<input type="checkbox"/>	CS-0120 Dental Record for YDC
<input type="checkbox"/>	CS-0851 Diabetic Record
<input type="checkbox"/>	CS-0128 Drug Administration Record
<input type="checkbox"/>	CS-0114 Health Screening for Youth in YDC
<input type="checkbox"/>	CS-0121 Immunization or TB Control Record
<input type="checkbox"/>	CS-0194 Limited Activity Notice
<input type="checkbox"/>	CS-0885 Medical Report for Transfer or Release
<input type="checkbox"/>	CS-0855 Medical Summary for Classification
<input type="checkbox"/>	CS-0712 Medication Disposal Record
<input type="checkbox"/>	CS-0069 Modified Diet Order
<input type="checkbox"/>	CS-0948 Physician Order Sheet
<input type="checkbox"/>	CS-0854 Prior Authorization for Non-Preferred Medication
<input type="checkbox"/>	CS-0075 Progress Notes
<input type="checkbox"/>	CS-0853 Receipt of Prosthesis
<input type="checkbox"/>	CS-0084 Sick Call
<input type="checkbox"/>	CS-0852 Sleep Record
<input type="checkbox"/>	CS-1109 Suicide Monitoring Cover Sheet or Log for YDCs
<input type="checkbox"/>	CS-0856 Treatment Record
<input type="checkbox"/>	CS-0924 Tuberculosis Risk Assessment for YDC Youth
<input type="checkbox"/>	CS-0858 Urinalysis Report
<input type="checkbox"/>	CS-0857 Weight and Blood Pressure Record
ICAMA	
<input type="checkbox"/>	ICAMA Documents
<input type="checkbox"/>	ICAMA Referral 7.00 Form
<input type="checkbox"/>	Unknown Conversion - ICAMA
ICJ	
<input type="checkbox"/>	ICJ Form I - Requisition for Runaway Juvenile
<input type="checkbox"/>	ICJ Form II - Requisition for Escapee or Absconder or Accused Delinquent
<input type="checkbox"/>	ICJ Form III - Consent for Voluntary Return of Out-of-State Juvenile
<input type="checkbox"/>	ICJ Form V - Report of Sending State Upon Parolee or Probationer Being Sent to the Receiving State
<input type="checkbox"/>	ICJ Petition for Requisition to Return a Runaway Juvenile
<input type="checkbox"/>	ICJ Juvenile Rights Form for Consent for Voluntary Return
<input type="checkbox"/>	ICJ Form IA-VI - Application for Services and Waiver
<input type="checkbox"/>	ICJ Form IV - Parole or Probation Investigation Request
<input type="checkbox"/>	ICJ Form VIII - Home Evaluation Report
<input type="checkbox"/>	ICJ Form VII - Out of State Travel Permit and Agreement to Return
<input type="checkbox"/>	ICJ Form IX - Quarterly Progress, Violation or Absconder Report
<input type="checkbox"/>	CS-1094 Runaway Intake - Tennessee Interstate Compact for Juveniles
<input type="checkbox"/>	Unknown Conversion - ICJ
ICPC	
<input type="checkbox"/>	CS-1234 ICPC Behavioral/Medical Health Referral
<input type="checkbox"/>	Incoming ICPC Request

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<input type="checkbox"/>	Interstate Compact on the Placement of Children (ICPC) Home Study
<input type="checkbox"/>	CS-0525 Interstate Compact on the Placement of Children Request
<input type="checkbox"/>	CS-0523 Interstate Compact on the Placement of Children (ICPC) Report on Child's Placement Status
<input type="checkbox"/>	CS-0796 Interstate Compact for the Placement of Children (ICPC) Referral Checklist
<input type="checkbox"/>	CS-0795 Interstate Compact on the Placement of Children (ICPC) Financial - Medical Plan
<input type="checkbox"/>	CS-0958 Interstate Compact on the Placement of Children (ICPC) Statement of Confirmation Regulation #2
<input type="checkbox"/>	CS-0957 Interstate Compact on the Placement of Children (ICPC) Statement of Confirmation Regulation #7 and Border Agreement
<input type="checkbox"/>	CS-0563 Interstate Compact on the Placement of Children (ICPC) 101 Sending States ICPC Regulation #7 Expedited Decision and Border Agreement Home Study Request
<input type="checkbox"/>	CS-1200 Interstate Compact on the Placement of Children (ICPC) Progress Report
<input type="checkbox"/>	Notice of Placement Pursuant to ICPC (DCS)
<input type="checkbox"/>	Order to Place Pursuant to ICPC (Non-DCS)
<input type="checkbox"/>	Motion to Review Institutional Placement Pursuant to Article VI
<input type="checkbox"/>	Review of Institutional Placement Order Pursuant to Article VI
<input type="checkbox"/>	ICPC Regulation #7 Expedited Placement Decision Order (DCS)
<input type="checkbox"/>	ICPC Regulation #7 Expedited Placement Decision Order (Non-DCS)
<input type="checkbox"/>	Unknown Conversion - ICPC
Independent Living/Extension of Foster Care	
<input type="checkbox"/>	Acceptance Letter-Post-Secondary
<input type="checkbox"/>	CS-0599 Application for Post Secondary Funding
<input type="checkbox"/>	CS-0778 Application for Re-establishment of Foster Care Services
<input type="checkbox"/>	CS-0953 Application for Title IV-E Eligibility for Young Adults Requesting Extension or Re-establishment of Foster Care Services
<input type="checkbox"/>	Clinical Letter aka Higher Level of Care Letter
<input type="checkbox"/>	GED or HiSET Verification Letter-On Track to Complete
<input type="checkbox"/>	HS Verification Letter-On Track to Complete High School
<input type="checkbox"/>	CS-0761 Independent Living Program Review Request
<input type="checkbox"/>	LifeSet Program Referral
<input type="checkbox"/>	CS-0760 Notice of Denial, Termination or Change in Independent Living Services
<input type="checkbox"/>	Referral to Transitional Living Services
<input type="checkbox"/>	CS-0759 Refusal of Extension of Foster Care Services Notification Youth Leaving Custody
<input type="checkbox"/>	CS-0488 Rights and Responsibilities to Receive Foster Care Services as an Adult
<input type="checkbox"/>	CS-1007 State of Tennessee Photo Identification Justification Affidavit
<input type="checkbox"/>	CS-1060 Supervised Independent Living (SIL) Annual Checklist of Placement Health and Safety Standards
<input type="checkbox"/>	CS-0968 Voluntary Placement Agreement for Transitioning Young Adults
<input type="checkbox"/>	Youth Credit Report Documentation
Intake	
<input type="checkbox"/>	CS-0789 Authorization for Release of Information to DCS - TennCare Eligibility and Authorization for DCS to Release Information to TennCare
<input type="checkbox"/>	CS-0206 Authorization to Routine Health Services for Minors
<input type="checkbox"/>	CS-0050 Case Intake Packet Documents Verification
<input type="checkbox"/>	CS-0475 Child Welfare Benefits Application

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<input type="checkbox"/>	Custody Intake Packet
<input type="checkbox"/>	CS-0627 Informed Consent for Psychotropic Medication
<input type="checkbox"/>	CS-0727 Intake Placement Referral and Checklist
<input type="checkbox"/>	CS-1013 Kinship Exception Request
<input type="checkbox"/>	CS-0158 Notification of Equal Access to Programs
<input type="checkbox"/>	CS-0528 Request for Certification or Verification of Birth Marriage or Divorce
<input type="checkbox"/>	CS-0801 Probation Intake Referral
<input type="checkbox"/>	Social Security Administration Application
<input type="checkbox"/>	TennCare Immediate Eligibility Form
Legal	
<input type="checkbox"/>	Absconder Notification of Parental Responsibility
<input type="checkbox"/>	CS-0705 Absconder or Runaway or Escapee Recovery Checklist
<input type="checkbox"/>	CS-1134 Affidavit of Diligent Search for a Proposed Conservator
<input type="checkbox"/>	CS-0797 Affidavit of Reasonable Efforts
<input type="checkbox"/>	Appeal Summary
<input type="checkbox"/>	Appeals or Grievances
<input type="checkbox"/>	CS-1008 Consent to Serve as Conservator
<input type="checkbox"/>	CS-1009 Conservatorship Request and Worksheet
<input type="checkbox"/>	CS-0728 Contact Veto Registry Application
<input type="checkbox"/>	Correspondence to or from Court
<input type="checkbox"/>	Court Order
<input type="checkbox"/>	<input type="checkbox"/> Full Guardianship Order
<input type="checkbox"/>	<input type="checkbox"/> Protective Custody Order
<input type="checkbox"/>	<input type="checkbox"/> Special Conditions on Court Orders (Proof of Completion)
<input type="checkbox"/>	<input type="checkbox"/> Termination of Parental Rights Order
<input type="checkbox"/>	Court Records
<input type="checkbox"/>	Court Report
<input type="checkbox"/>	Court-Ordered Safety Plan of Action
<input type="checkbox"/>	CS-0557 Detainer Notification
<input type="checkbox"/>	CS-0834 Detainer Release
<input type="checkbox"/>	CS-0004 Determinate Commitment Release Notification
<input type="checkbox"/>	Determination of Tribal Affiliation Letter
<input type="checkbox"/>	CS-0046 Discharge Summary
<input type="checkbox"/>	Electronic Monitoring Documentatioin
<input type="checkbox"/>	Full Guardianship Order
<input type="checkbox"/>	CS-0869 Grievance Procedure – Probation/Aftercare
<input type="checkbox"/>	Indian Child Welfare Act (ICWA) Correspondence
<input type="checkbox"/>	CS-0006 Individual Student Commitment Reduction Credits
<input type="checkbox"/>	CS-1210 Juvenile Justice Community Risk Tool
<input type="checkbox"/>	CS-1010 Medical or Psychological Report and Affidavit
<input type="checkbox"/>	CS-0649 Medical or Social History for Child and Childs Family Upon Surrender or Termination of Parental Rights
<input type="checkbox"/>	CS-0309 Notification of Program Transfer
<input type="checkbox"/>	Order of Reference
<input type="checkbox"/>	Penalty for Harboring
<input type="checkbox"/>	Petition

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<input type="checkbox"/>	Power of Attorney documentation
<input type="checkbox"/>	CS-0153 Pre-dispositional Investigation
<input type="checkbox"/>	Pre-dispositional Report
<input type="checkbox"/>	Protective Custody Order
<input type="checkbox"/>	CS-0130 Release to Home Placement Request or Summary
<input type="checkbox"/>	CS-0318 Request for Legal Consultation
<input type="checkbox"/>	CS-0435 Request for Name or Address of Father with Claim of Paternity
<input type="checkbox"/>	CS-0587 Request for Public Notification of Release of Juvenile Offender
<input type="checkbox"/>	Resource Linkage Assistance
<input type="checkbox"/>	CS-0043 Rules of Probation/Aftercare
<input type="checkbox"/>	Special Conditions on Court Orders (Proof of Completion)
<input type="checkbox"/>	Subpoenas
<input type="checkbox"/>	CS-0866 Surrender Affidavit Medical-Social History
<input type="checkbox"/>	CS-0867 Surrender Affidavit, part 3
<input type="checkbox"/>	CS-0653 Surrender By a Parent or Guardian in Another State or Territory to the Tennessee Department of Children's Services or a Licensed Child-placing Agency
<input type="checkbox"/>	CS-0651 Surrender in Tennessee of a Child to Tennessee Department of Children's Services or Licensed Child Placing Agency
<input type="checkbox"/>	CS-0846 Surrender of a Child by a Parent or Guardian Residing or Temporarily Residing In a Foreign Country to Tennessee Department of Children Services or a Licensed Child-Placing Agency
<input type="checkbox"/>	CS-0652 Surrender of Child In Tennessee Directly to Adoptive Parents by a Parent Or Guardian
<input type="checkbox"/>	CS-0847 Surrender to a Licensed Child-Placing Agency or Tennessee Department of Children Services by an Inmate of a State or Federal Penitentiary
<input type="checkbox"/>	CS-0058 Temporary Custody Agreement
<input type="checkbox"/>	Termination of Parental Rights Order
<input type="checkbox"/>	Termination of Parental Rights Referral
<input type="checkbox"/>	CS-0156 Violation Report Documentation
<input type="checkbox"/>	CS-0428 Voluntary Placement Agreement
<input type="checkbox"/>	CS-0794 Waiver of Interest
Permanency	
	Child and Family Team Meetings
<input type="checkbox"/>	CFTM Confidentiality Statement
<input type="checkbox"/>	CS-0747 CFTM Summary
<input type="checkbox"/>	CFTM or Permanency Plan Signature Page
<input type="checkbox"/>	Meeting Notification Letters
	Permanency Planning
<input type="checkbox"/>	CS-0111 Approved Contact List
<input type="checkbox"/>	CFTM or Permanency Plan Signature Page
<input type="checkbox"/>	CS-0861 Request for Permanency Goal of Planned Permanent Living Arrangement
<input type="checkbox"/>	CS-0745 Criteria for Termination of Parental rights
<input type="checkbox"/>	Severe Abuse Review Documentation
<input type="checkbox"/>	CS-0394 Youth Pass Request
	Correspondence
	Foster Care Review Board/Judicial Review
<input type="checkbox"/>	CS-0510 Foster Care Review Summary
<input type="checkbox"/>	CS-0430 Quarterly Progress Report on Child in State Custody

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	Reasonable Efforts/Services for Families
<input type="checkbox"/>	Homemaker Reports
<input type="checkbox"/>	Parenting Reports
<input type="checkbox"/>	Service Referrals or Supporting Documentation (DCS Non-Paid)
Placement Adoption Guardianship	
<input type="checkbox"/>	CS-1025 Administrative Request to Access Sealed Adoption Record and Release of Information
<input type="checkbox"/>	Adoption Petition
<input type="checkbox"/>	CS-0677 Adoption Record Face Sheet (CLOSED)
<input type="checkbox"/>	Adoptive Home Update
<input type="checkbox"/>	AdoptUSKids Information
<input type="checkbox"/>	AdoptUSKids Registration
<input type="checkbox"/>	Approval to Separate Siblings for the Purpose of Adoption
<input type="checkbox"/>	Certificate of Attendance for Guardianship Preparation Training
<input type="checkbox"/>	Certificate of Attendance of Pre-adoption Training
<input type="checkbox"/>	CS-0900 Checklist for Preparing Adoptive Parents
<input type="checkbox"/>	CS-0768 Child or Youth Specific Recruitment Plan & Supporting Documentation
<input type="checkbox"/>	CS-0769 Child Specific Recruitment Case File Review Tool & Supporting Documentation
<input type="checkbox"/>	Child's Profile
<input type="checkbox"/>	CS-0816 Confidential Court Report
<input type="checkbox"/>	CS-1039 Confidentiality Agreement for Full Disclosure
<input type="checkbox"/>	CS-0647 Consent by Guardian Ad Litem to Adoption of Mentally Disabled Minor Who is Fourteen Years or Older
<input type="checkbox"/>	CS-0815 Consent to Adopt
<input type="checkbox"/>	CS-0646 Consent to Adoption by Minor Who is Fourteen Years or Older
<input type="checkbox"/>	Correspondence with Attorney
<input type="checkbox"/>	CS-1033 Current Description of Child
<input type="checkbox"/>	Documents to Support Recruitment Efforts
<input type="checkbox"/>	Final Adoption Court Report
<input type="checkbox"/>	Final Decree of Adoption
<input type="checkbox"/>	FOCUS Referral
<input type="checkbox"/>	Foster or Adoptive Home Update
<input type="checkbox"/>	Full Disclosure Packet
<input type="checkbox"/>	GAL Consent to Adoption
<input type="checkbox"/>	Incident Report
<input type="checkbox"/>	Individual (Child-specific) Recruitment Plan
<input type="checkbox"/>	CS-0460 Intent to Adopt Placement Agreement
<input type="checkbox"/>	Letters to the Court Clerk and Chancellor
<input type="checkbox"/>	Motion Requesting GAL be Appointed to Represent Youth
<input type="checkbox"/>	CS-0439 Notice of Intent To Claim Paternity or Acknowledgement of Paternity of a Child
<input type="checkbox"/>	Placement Contracts
<input type="checkbox"/>	CS-0664 Placement Exception Request (PER)
<input type="checkbox"/>	Pre-placement Summary
<input type="checkbox"/>	Presentation Summary
<input type="checkbox"/>	RA to RA Approval
<input type="checkbox"/>	TKB and Heart Gallery Photo or Video Shoot Referral
<input type="checkbox"/>	CS-0422 Transfer, Mail and Acknowledgement of Case Records, Record Materials and Forms

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<input type="checkbox"/>	Waiver Request for Adoption and Guardianship Preparation Training
<input type="checkbox"/>	WWK Referral
<input type="checkbox"/>	CS-0585 Youth Development Center Justification Letter or Waiver Request
Prevention	
<input type="checkbox"/>	CS-0498 Family Intervention Services Application
<input type="checkbox"/>	CS-0819 Family Intervention Services Case Closure
<input type="checkbox"/>	CS-0827 Non-Custodial Consent for Transport
<input type="checkbox"/>	Relative Caregiver Court Order
<input type="checkbox"/>	Relative Caregiver Financial Responsibility
<input type="checkbox"/>	CS-4236 Relative Caregiver Program Stipend Agreement
<input type="checkbox"/>	CS-0764 Resource Linkage Assistance
Resource Home	
	Anniversary Assessment
<input type="checkbox"/>	CS-0559 Authorization for Release of Information and HIPAA Protected Health Information
<input type="checkbox"/>	CS-0692 Foster Home Mutual Reassessment or Reactivation
<input type="checkbox"/>	CS-0676 Home Safety Checklist
<input type="checkbox"/>	Pet Vaccination
	Correspondence/Photos
<input type="checkbox"/>	CS-0679 Authorizations for DCS Custodial Child to Travel Out of State or Out of Country
<input type="checkbox"/>	Complaint Letters or Memos
<input type="checkbox"/>	Denial Letter
<input type="checkbox"/>	Emergency Contact Numbers
<input type="checkbox"/>	Family Home Floor Plan
<input type="checkbox"/>	Family Photograph
<input type="checkbox"/>	Foster Family Home Photographs
<input type="checkbox"/>	Foster Home House Rules
<input type="checkbox"/>	CS-0523 ICPC Report on Child's Placement Status 100B
<input type="checkbox"/>	CS-0525 ICPC Placement Request 100A
<input type="checkbox"/>	CS-0450 Notice of Removal of a Child from a Foster Home
<input type="checkbox"/>	CS-0672 Shared Home Authorization
<input type="checkbox"/>	Other Letters, Notices, or Written Correspondence
	Expedited Approval Packet
<input type="checkbox"/>	CS-0559 Authorization for Release of Information and HIPAA Protected Health Information
<input type="checkbox"/>	Criminal Checks
<input type="checkbox"/>	CS-0553 Discipline Policy
<input type="checkbox"/>	CS-0660 Disclosure Statement (Options and Available Services for Relative Caregivers)
<input type="checkbox"/>	CS-0682 Expedited Placement Assessment Summary
<input type="checkbox"/>	CS-0691 Fingerprint Card Information
<input type="checkbox"/>	CS-0871 Foster Home Disaster Plan
<input type="checkbox"/>	CS-0678 Foster Parent or Other Adult Medical Report
<input type="checkbox"/>	CS-0670 Foster Parent Oath to Abide
<input type="checkbox"/>	CS-0676 Home Safety Checklist
<input type="checkbox"/>	TBI Waiver

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<input type="checkbox"/>	CS-0921 Waiver of Criminal Convictions, PATH Training Modifications, Non-Safety Issues, CPS Substantiations and Education Requirement
	Foster Home Concerns
<input type="checkbox"/>	Incident Reports
<input type="checkbox"/>	Program Improvement Plan/Corrective Action Plan
<input type="checkbox"/>	SIU Forms
<input type="checkbox"/>	Green PQT Documents
	Initial Approval Forms
<input type="checkbox"/>	Adoption Decrees
<input type="checkbox"/>	CS-0559 Authorization for Release of Information and HIPAA Protected Health Information
<input type="checkbox"/>	Contingency Plan (Adoption)
<input type="checkbox"/>	Death Certificates
<input type="checkbox"/>	CS-0553 Discipline Policy
<input type="checkbox"/>	Driving Record Check
<input type="checkbox"/>	CS-0782 Family Eco-map
<input type="checkbox"/>	CS-0691 Fingerprint Card Information
<input type="checkbox"/>	CS-0962 Foster Family History Questionnaire
<input type="checkbox"/>	CS-0963 Foster Family Reference Letter and Questionnaire
<input type="checkbox"/>	CS-0773 Foster Home Addendum
<input type="checkbox"/>	CS-0688 Foster Home Application for Parenting
<input type="checkbox"/>	CS-0871 Foster Home Disaster Plan
<input type="checkbox"/>	CS-0932 Foster Home Disclosure Acknowledgement
<input type="checkbox"/>	CS-0670 Foster Parent Oath to Abide
<input type="checkbox"/>	CS-0678 Foster Parent or Other Adult Medical Report
<input type="checkbox"/>	Handgun Permit
<input type="checkbox"/>	CS-0699 HIPAA Notice of Privacy Practices - Client Acknowledgement
<input type="checkbox"/>	CS-0676 Home Safety Checklist
<input type="checkbox"/>	Home Study
<input type="checkbox"/>	Marriage/Divorce Records
<input type="checkbox"/>	Medical Insurance (Adoption)
<input type="checkbox"/>	CS-0707 Medical Self Report for Other Adults and Children
<input type="checkbox"/>	CS-0431 Monthly Income and Expenditures
<input type="checkbox"/>	Pet Vaccinations
<input type="checkbox"/>	Profile of Parenting Study
<input type="checkbox"/>	Proof of Auto Insurance/Registration
<input type="checkbox"/>	Proof of Income
<input type="checkbox"/>	TBI Waiver
<input type="checkbox"/>	W-9
	Reassessment Forms
<input type="checkbox"/>	CS-0559 Authorization for Release of Information and HIPAA Protected Health Information
<input type="checkbox"/>	CS-0553 Discipline Policy
<input type="checkbox"/>	Driver's License or State ID
<input type="checkbox"/>	Driving Record Check
<input type="checkbox"/>	CS-0871 Foster Home Disaster Plan
<input type="checkbox"/>	CS-0932 Foster Home Disclosure Acknowledgement
<input type="checkbox"/>	CS-0670 Foster Parent Oath to Abide
<input type="checkbox"/>	CS-0678 Foster Parent or Other Adult Medical Report

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<input type="checkbox"/>	CS-0699 HIPAA Notice of Privacy Practices - Client Acknowledgement
<input type="checkbox"/>	CS-0676 Home Safety Checklist
<input type="checkbox"/>	CS-0431 Monthly Income and Expenditures
<input type="checkbox"/>	CS-0707 Medical Self Report for Other Adults and Children
<input type="checkbox"/>	Pet Vaccination
<input type="checkbox"/>	Proof of Auto Insurance/Registration
RET Packet	
<input type="checkbox"/>	Abuse Registry
<input type="checkbox"/>	CS-0687 Background Check History and IV-E Eligibility Checklist
<input type="checkbox"/>	CS-0751 Background Clearance Check - Local Criminal History
<input type="checkbox"/>	CS-0702 Correspondence - Foster Home Approval Letter
<input type="checkbox"/>	CS-0741 Database Search Results
<input type="checkbox"/>	Fingerprint Results
<input type="checkbox"/>	CS-0773 Foster Home Addendum
<input type="checkbox"/>	CS-0692 Foster Home Mutual Reassessment or Reactivation
<input type="checkbox"/>	Home Study
<input type="checkbox"/>	National Sex Offender Registry
<input type="checkbox"/>	Pre-Service Training Certificate
<input type="checkbox"/>	Profile of Parenting Study
<input type="checkbox"/>	TN Dept. of Health Abuse Registry
<input type="checkbox"/>	CS-0921 Waiver of Criminal Convictions, PATH Training Modifications, Non-Safety Issues, CPS Substantiations and Education Requirement
Training - Other	
<input type="checkbox"/>	IM Certificate
<input type="checkbox"/>	Non-DCS Training Certificate
<input type="checkbox"/>	Pre-Service Assessment
<input type="checkbox"/>	Other Certificates
<input type="checkbox"/>	Unknown Conversion – Resource Home
Subsidy	
<input type="checkbox"/>	90 Day Waiver of Increased Foster Care Rate
<input type="checkbox"/>	Adoption Assistance Agreement prior to Oct. 1, 1997
<input type="checkbox"/>	CS-0936 Adoption Assistance-Subsidized Permanent Guardianship Renegotiations
<input type="checkbox"/>	CS-1004 Adoption Subsidy Renewal Affidavit
<input type="checkbox"/>	CS-1122 Affidavit of Reasonable Efforts to Place a Child for Adoption without Adoption Assistance
<input type="checkbox"/>	Any Medical Information on Parents or Caregivers
<input type="checkbox"/>	CS-0403 Appeal for Fair Hearing
<input type="checkbox"/>	CS-0930 Application for Adoption Assistance
<input type="checkbox"/>	Approval for Non-Recurring Expenses
<input type="checkbox"/>	CS-0917 Certification of Eligibility for Subsidized Permanent Guardianship
<input type="checkbox"/>	CS-0931 Certification of Eligibility for Title IV-E Fostering Connections Adoption Assistance
<input type="checkbox"/>	CS-0821 Certification of Eligibility for Title IV-E or State Funded Adoption Assistance
<input type="checkbox"/>	Counseling Reports
<input type="checkbox"/>	Documentation of Medical or Rehabilitative Care Need
<input type="checkbox"/>	CS-0719 Intent to Obtain Permanent Guardianship Placement Agreement and Application for Subsidized Permanent Guardianship
<input type="checkbox"/>	Non-Recurring Expenses Invoice or Documentation

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<input type="checkbox"/>	CS-0686 Notice of Denial Termination or Change in Adoption Assistance
<input type="checkbox"/>	CS-0720 Notice of Denial Termination or Change in Subsidized Permanent Guardianship
<input type="checkbox"/>	Order of Permanent Guardianship
<input type="checkbox"/>	Special Needs Criterion - Caucasian, Age 9 or Over
<input type="checkbox"/>	Special Needs Criterion - Deferred at Risk for Developing a Special Needs Factor Due to Prenatal Exposure to Toxins, Genetic History, or a History of Multiple Disrupted Foster or Adoptive Placements
<input type="checkbox"/>	Special Needs Criterion - Deferred the Child is Diagnosed with Neonatal Abstinence Syndrome
<input type="checkbox"/>	Special Needs Criterion - Deferred the Child Meets the Definition of Safe Haven
<input type="checkbox"/>	Special Needs Criterion - Diagnosed Disability Which Substantially Limits One or More Major Life Activities, Requires Professional Treatment and Assistance in Self-Care
<input type="checkbox"/>	Special Needs Criterion - Diagnosed to be Intellectually Disabled by a Qualified Professional
<input type="checkbox"/>	Special Needs Criterion - Diagnosed With a Behavioral or Emotional Disorder Characterized by Inappropriate Behavior or Interferes with Functioning
<input type="checkbox"/>	Special Needs Criterion - Life Experiences Include Neglect, Physical Abuse and or Sexual Abuse Which Rises to the Level Of Severe Abuse
<input type="checkbox"/>	Special Needs Criterion - Life Experiences Include Three (3) or More Years in TN DCS State Custody
<input type="checkbox"/>	Special Needs Criterion - Minority Heritage, Age 2 Years or Over
<input type="checkbox"/>	Special Needs Criterion - Moderate to Severe Medical, Psychological, or Physiological Condition Diagnosed by a Licensed Professional Requiring Treatment
<input type="checkbox"/>	Special Needs Criterion - Part of Sibling Group of 2 or More Placed Together in One Family at the Same Time for Purposes of Adoption
<input type="checkbox"/>	Special Needs Criterion - The Child Meets All Medical and Disability Requirements for SSI
<input type="checkbox"/>	CS-0721 Subsidized Permanent Guardianship Renewal Agreement
<input type="checkbox"/>	CS-0459 Subsidized Permanent Guardianship Subsidy Renewal Affidavit
<input type="checkbox"/>	Subsidy Funding Source Verification
<input type="checkbox"/>	Subsidy-Related Correspondence
<input type="checkbox"/>	Therapy Progress Notes
<input type="checkbox"/>	CS-0017 Verification of Financial Responsibility for Adoption Assistance
<input type="checkbox"/>	Unknown Conversion - Subsidy
	Unknown Conversion
<input type="checkbox"/>	Certified or Registered Mail Receipts
<input type="checkbox"/>	Contact Veto Forms
<input type="checkbox"/>	Correspondence
<input type="checkbox"/>	Expedited Placement Assessment Summary - ICPCICJ
<input type="checkbox"/>	Home Study - ICPCICJ
<input type="checkbox"/>	Out of State Adoption Documentation
<input type="checkbox"/>	Out of State Courtesy Interview Requests - Case
<input type="checkbox"/>	Unknown Conversion -CP
<input type="checkbox"/>	Unknown Conversion - Case
<input type="checkbox"/>	Unknown Conversion - Person
	Youth Development Center
<input type="checkbox"/>	Behavioral Contracts
<input type="checkbox"/>	Classification Report
<input type="checkbox"/>	CS-0311 Facility Incident Report
<input type="checkbox"/>	CS-0388 IPP Monthly Review

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<input type="checkbox"/>	CS-0296 Notice of Apprehension
<input type="checkbox"/>	CS-0176 Orientation Checklist
<input type="checkbox"/>	CS-0162 Personal Property Inventory
<input type="checkbox"/>	CS-0055 YDC Disciplinary Report
<input type="checkbox"/>	YDC Referral Packet
<input type="checkbox"/>	CS-0387 Staffing Participants
<input type="checkbox"/>	Staffing Summary and Placement Justification Form
<input type="checkbox"/>	CS-0351 YDC Transportation Request
<input type="checkbox"/>	CS-0939 Youth Acknowledgement and Notification of PREA
<input type="checkbox"/>	Youth Development Center Reports

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