



Department of  
**Children's Services**

Tennessee Department of Children's Services

## Relative/Kinship Home Study

Home Study Preparer's Name:

Date:

Region:

Type of Request: ☐ ICPC ☐ In-State

If eligible, does the caregiver wish to receive financial assistance to care for the child(ren) involved in this home study request?

☐ Yes ☐ No

### CAREGIVER INFORMATION:

#### Primary Caregiver:

Last Name:

First Name:

Middle Initial:

Other Legal Names:

States resided last five years:

Date of Birth:

SSN:

Cell Phone No:

Emergency/Work Phone No:

Marital Status:

Email Address:

Employer:

Monthly Income:

#### Secondary Caregiver:

Last Name:

First Name:

Middle Initial:

Other Legal Names:

States resided last five years:

Date of Birth:

SSN:

#### Relationship to Applicant:

Cell Phone No:

Emergency/Work Phone No:

Marital Status:

Email Address:

Employer:

Monthly Income:

Household Address:

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

Distribution:

CS-4254, 7/25

KINSHIP CHILD PLACEMENT INFORMATION				
Last Name:		First Name:		Middle Initial:
Date of Birth:		Relationship to Caregiver(s):		
Last Name:		First Name:		Middle Initial:
Date of Birth:		Relationship to Caregiver(s):		
Last Name:		First Name:		Middle Initial:
Date of Birth:		Relationship to Caregiver(s):		
HOUSEHOLD MEMBER INFORMATION:				
A. Children:				
Last Name:		First Name:		Middle Initial:
Date of Birth:	SSN:	Relationship to Applicant/Co-Applicant:		
Last Name:		First Name:		Middle Initial:
Date of Birth:	SSN:	Relationship to Applicant/Co-Applicant:		
Last Name:		First Name:		Middle Initial:
Date of Birth:	SSN:	Relationship to Applicant/Co-Applicant:		
Last Name:		First Name:		Middle Initial:
Date of Birth:	SSN:	Relationship to Applicant/Co-Applicant:		
B. Other Adults in the Home:				
Last Name:		First Name:		Middle Initial:
Other Legal Names:			States resided last five years:	
Date of Birth:	SSN:	Relationship to Applicant/Co-Applicant:		
Last Name:		First Name:		Middle Initial:
Other Legal Names:			States resided last five years:	
Date of Birth:	SSN:	Relationship to Applicant/Co-Applicant:		

**ASSESSMENT:** Provide a detailed response to each question, avoiding one word or sentence responses. As an assessor, follow up questions should build upon responses ensuring a complete understanding of the caregiver and home environment. Please refer to [Documentation of the Relative/Kinship Home Study](#).

**A. Caregiver Assessment:**

**What is the caregiver's understanding of the current situation (why placement is needed)?**

**Describe the caregiver's relationship with the child and their family:**

**Does the caregiver have any concerns about meeting the child's needs?**

**Does the caregiver have any concerns about keeping the child safe?**

**If yes, are there ways DCS can help alleviate concerns or increase safety?**

**What is the plan for supervision or childcare?**

**Describe the caregiver's support system and plan for respite to maintain self-care:**

**Describe a contingency plan for emergency situations including the name, address, and contact number for the identified supports:**

**Has the proposed caretaker and other household members stated that they are in basic, good health and free of communicable diseases?**

**List all current prescription medications (medication, dose, frequency, any controlled substance) being taken by any members of the home:**

**Has anyone in the home (in the past or currently) received mental health services including counseling, hospitalization, and/or medication management noting date and length of services?**

**Discuss the outcome of the criminal background checks documenting circumstances, actions, and lessons learned. Refer to the [Waiver Tip Sheet for Employment, Volunteering and Custodial Placements](#).**

If the applicant is the child(ren)'s parent, describe their responsibilities and progress on the case plan.

**B. Home Safety Assessment:** The answers provided should not be used to automatically disqualify, but rather provide an opportunity to partner with the caregiver to resolve safety issues that may be a barrier to placement.

Safety Measure	Yes	No	If no, what is needed to support the family and what is the plan for resolution?
<b>Water:</b> Does the home have safe water for drinking and bathing?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Heating/cooling:</b> Does the home have heating and/or cooling that is appropriate for the geographic region?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Electricity/lighting:</b> Does the home have access to electricity and/or lighting, based on the children's needs?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Insects and rodents:</b> Is the home free of insect and rodent infestation? This topic intends to reference infestation that creates a safety or health issue.	<input type="checkbox"/>	<input type="checkbox"/>	



<b>Firearms and weapons:</b> Are firearms, weapons, and ammunition stored locked, unloaded, and inaccessible to children? This includes firearms/weapons and ammunition stored and locked separately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>N/A</b>
<b>Phone:</b> Does the family (including children) have access to a working phone or way to call for help in an emergency? Includes cell phones, landlines, Wi-Fi calling, and shortwave radios.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire hazards:</b> Is the home free from fire hazards such as: <ul style="list-style-type: none"> <li>• Exposed wires or electrical outlets</li> <li>• Flammable materials within 3 feet of a fire source, like a space heater or wood stove</li> <li>• Multiple extension cords connected together.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Smoke and carbon monoxide detectors:</b> Does the home have a properly functioning: <ul style="list-style-type: none"> <li>• Smoke detector on each floor</li> <li>• Carbon monoxide detector, if the home has a gas appliance (boiler, furnace, stove, dryer, water heater), propane space heater, fireplace, wood stove, or attached garage on each floor.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire extinguisher:</b> Does the home have at least one operating fire extinguisher that is easy to get to?	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>Exits from children's sleeping spaces:</b> Is there at least one exit (a door or window) from each child's sleeping space that is:</p> <ul style="list-style-type: none"> <li>• Unblocked</li> <li>• Large enough for each child to get through</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Sleeping space:</b> Does the home have a safe sleeping space with bedding for each child? Typically, each child should have their own bed. Discuss safe sleep practices for infants. <b>Refer to <a href="#">Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture</a>.</b></p> <p><b>Considerations:</b></p> <ul style="list-style-type: none"> <li>• <b>Child preferences:</b> Ask children (without caregiver present) what they're comfortable with for room and sleeping arrangements. Consider the needs of LGBTQIA+ children, especially if there are arrangements based on gender.</li> <li>• <b>Bed sharing (over 1) or room sharing:</b> Consider flexibility for cultural or community standards, or to support healing from trauma.</li> <li>• <b>Common space:</b> Consider flexibility for those who have limited living space. Rooms other than bedrooms can be sleeping spaces. If using a common space for sleep, ensure the child has space for privacy.</li> <li>• <b>Past sexual trauma:</b> For a child with past sexual trauma or sexualized behaviors, it's especially important that they have their own sleeping space.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Transportation:</b> Does the caregiver have a way to transport the children to appointments and activities including:</p> <ul style="list-style-type: none"> <li>age-appropriate car/booster seats</li> <li>valid driver's license</li> <li>car registration</li> <li>proof of insurance</li> </ul> <p>This may include: Public transportation, access to someone else's car, or a plan for others to support.</p>	<input type="checkbox"/>	<input type="checkbox"/>	



REFERENCES:	
<b>Name:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Relationship:</b>
<b>Reference Comments:</b>	
<b>Name:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Relationship:</b>
<b>Reference Comments:</b>	
<b>Additional Notes:</b>	

**PLACEMENT RECOMMENDATION:**

**What is your placement recommendation for this caregiver?**

- ☐ Yes, recommend placement.
- ☐ Can place once critical items are addressed.
- ☐ Do not place.

**Provide comments explaining the reason for the placement recommendation. If items need to be addressed, note below.**

**Worker Signature:**

**Date:**

**Supervisor Signature:**

**Date:**

**Team Coordinator Signature:**

**Date:**

**Decision Effective Date:**

**VERIFYING DISCUSSIONS:**

**Discussed with caregiver:**

**Primary Caregiver**

**Secondary Caregiver**

**Medication Tracking**

**Caregiver Initials:**

\_\_\_\_\_

\_\_\_\_\_

**Foster Care Board Rate**

**Caregiver Initials:**

\_\_\_\_\_

\_\_\_\_\_

**Tennessee Code Annotated, Section 37-2-414(e)**

It is an offense for a foster parent from a kinship placement to knowingly allow a child in the foster parent's care to visit with the child's parent if the foster parent had knowledge of a current court order prohibiting the parent from visiting with the child. (B) A first violation of subdivision (e)(2)(A) is a Class C misdemeanor punishable by a fine only. (C) A second or subsequent violation of subdivision (e)(2)(A) is a Class B misdemeanor.

**Primary Caregiver**

**Secondary Caregiver**

**Caregiver Initials:**

\_\_\_\_\_

\_\_\_\_\_

***This page to be given to the Relative/Kinship parent.***

**VERIFYING DISCUSSIONS:**

**Discussed with caregiver:**

**Primary Caregiver**

**Secondary Caregiver**

**Medication Tracking**

**Caregiver Initials:**

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**Primary Caregiver**

**Secondary Caregiver**

**Caregiver Initials:**

\_\_\_\_\_

\_\_\_\_\_