



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:		

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?
Water: Does the home have safe water for drinking and bathing?	<input type="checkbox"/>	<input type="checkbox"/>	
Heating/cooling: Does the home have heating and/or cooling that is appropriate for the geographic region?	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity/lighting: Does the home have access to electricity and/or lighting, based on the children's needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Insects and rodents: 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"/>	

<p>Pets: Are pets at the home safe to be around (that is, do not pose a health or safety threat) and up to date on rabies vaccination? Note: Pet rabies vaccinations are required with proof provided within 30 days of approval.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<p>Outdoor areas: Is the outdoor space that children will have access to safe, based on their age and development? Consider potential hazards: swimming pools and hot tubs, bodies of water like lakes and rivers, street traffic, railroad tracks, farm animals and equipment, trampoline, and wells.</p> <p>Is the completion of the Water Hazard/Pool Safety Assessment Tool required?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<p>Other hazards: Is the home free from any other safety hazards in the home or surrounding area that children have access to?</p> <p>This may include overflowing garbage, uncontained pet waste, mold, peeling lead paint, and excessive debris.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Tools and hazardous materials: Are tools and hazardous materials stored out of reach depending on the degree of risk associated with the children? This may include power or yard tools, saws, axes, pesticides, gasoline, cleaning supplies, knives, alcohol, and tobacco.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Medications: Are prescription and over-the-counter medications (including vitamins, herbal remedies, and pet medications) stored locked and out of reach of children?</p> <p>Exceptions: A child who takes their own medication, or who has emergency medication, like an EpiPen or inhaler.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Firearms and weapons: Are firearms, weapons, and ammunition stored locked, unloaded, and inaccessible to children? This includes firearms/weapons and ammunition stored and locked separately.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<p>Phone: 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Fire hazards: Is the home free from fire hazards such as:</p> <ul style="list-style-type: none"> • Exposed wires or electrical outlets • Flammable materials within 3 feet of a fire source, like a space heater or wood stove • Multiple extension cords connected together. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Smoke and carbon monoxide detectors: Does the home have a properly functioning:</p> <ul style="list-style-type: none"> • Smoke detector on each floor • 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. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Fire extinguisher: Does the home have at least one operating fire extinguisher that is easy to get to?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Exits from children’s sleeping spaces: 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"> • Unblocked • Large enough for each child to get through 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Sleeping space: 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. Refer to Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture.</p> <p>Considerations:</p> <ul style="list-style-type: none"> • Child preferences: 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. • Bed sharing (over 1) or room sharing: Consider flexibility for cultural or community standards, or to support healing from trauma. • Common space: 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. • Past sexual trauma: For a child with past sexual trauma or sexualized behaviors, it’s especially important that they have their own sleeping space. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Transportation: Does the caregiver have a way to transport the children to appointments and activities including:</p> <ul style="list-style-type: none"> age-appropriate car/booster seats valid driver’s license car registration proof of insurance <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:	
Name:	Address:
Phone Number:	Relationship:
Reference Comments:	
Name:	Address:
Phone Number:	Relationship:
Reference Comments:	
Additional Notes:	

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:** _____ _____

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: _____ _____