CPS Removal Packet

Face Sheet

Completed by	Date	
• •		

CPS Removal Packet is due to Foster Care by Case Transfer

- Initial Intake, Placement and Well-Being Information and History (CS-0727) Due to placement immediately
- _____ KER/Genogram (CS-1013 & 0774) Due to placement immediately

_____ Consent for psychotropic meds (CS-0627) – Due immediately

_____ Medication Transfer Form (CS-0813) – Due immediately

- _____ Authorization of Routine Health (CS-0206) To be taken to the placement; Due to CWB within 24 hours of removal
- _____ Tenn Care Immediate Eligibility Due within 24 hours
- _____ Child Welfare Benefits Application (CS-0475) Due to CWB within 5 business days
- _____ Authorization for Release of Information and HIPAA Protected Health Information <u>TO and FROM (</u>CS-0559) – Due to Foster Care by case transfer

Authorization For Release of TennCare Eligibility Information FROM TENNCARE TO The Department of Children's Services and Authorization for the Release of Information TO TENNCARE FROM The Department of Children's Services (CS- 0789) – Due to Foster Care by case transfer



Tennessee Department of Children's Services CPS Removal Packet

Complete the information below so that the information populates to all the other forms in the packet.

(The information in the forms will not be visible until you print initially or look at print preview after all subsequent changes.)

Signature Dates
Child's First Name
Child's Middle Name
Child's Last Name
Child's Social
Child's Date of Birth
Child's Age
Child's Gender
Child's Custody Date
Child's Race
Child's Person ID
Child's Place of Birth
Case Supervisor
Child's Assigned FSW
Interviewer
Child's School
School's City/State
Child's Grade Level
Child's Mental Health Diagnosis



Child's Physical Health Issues
Child's Medications
Child's Allergies
Child's Allergic Reactions
Child's Disabilities
Child's Past Mental Health Providers
Child's Current Mental Health Provider
Child's Health Insurance
Child's Language
Committing County
DCS Region
Child's Adjudication
DCS County Office Phone
DCS Office Address
DCS Office City State Zip
Mother's First Name

Mother's Middle Name
Mother's Last Name
Mother's Street Address
Mother's City
Mother's State
Mother's Zip Code
Mother's Social



other's Employer
nployer's Street Address
other's Employer's City
other's Employer's State
other's Employer's Zip
other's Phone
other's DOB
other's Maiden Name

Father's First Name
Father's Middle Name
Father's Last Name
Father's Street address
Father's City
Father's State
Father's Zip Code
Father's Social
Father's Phone
Father's DOB
Father's Employer
Father's Employer's Address
Father's Employer's City
Father's Employer's State
Father's Employer's Zip



Custodian #1s Information if not the parent or the Parent themselves (PRIMARY CUSTODIAN)

Custodian's First Name
Custodian's Middle Name
Custodian's Last Name
Relationship to the foster child
Custodian's <u>Removal</u> Street Address
Custodian's City
Custodian's State
Custodian's Zip
Custodian's Social
Custodian's Birth Date
Custodian's Birthplace
Custodian's Phone

Custodian #2s information if not the parent (SECONDARY CUSTODIAN)

Custodian's First Name
Custodian's Middle Name
Custodian's Last Name
Custodian's Street Address
Custodian's City
Custodian's State
Custodian's Zip
Custodian's Social
Custodian's Birth Date



Custodian's Birthplace	
Custodian's Phone	

1st Sibling In The Home

ibling 1 First Name
ibling 1 Middle Name
ibling 1 Last Name
ibling 1 Birth Date
ibling 1 Birthplace
ibling 1 Social

2nd Sibling in the Home

Sibling 2 First Name
Sibling 2 Middle Name
Sibling 2 Last Name
Sibling 2 Birth Date
Sibling 2 Birthplace
Sibling 2 Social

3rd Sibling in the Home

Sibling 3 First Name
Sibling 3 Middle Name
Sibling 3 Last Name
Sibling 3 Birth Date

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



RDA 11016 Page 5

Sibling 3 Birthplace	
Sibling 3 Social	

4th Sibling in the Home

ibling 4 First Name
bling 4 Middle Name
bling 4 Last Name
bling 4 Birth Date
bling 4 Birthplace
bling 4 Social

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



RDA 11016 Page 6



Tennessee Department of Children's Services Initial Intake, Placement and Well-Being Information and History

Child	l Name:			Cł	nild DOB:				Perso	n ID:	
Initiate	d By:				Title:				Da	te:	
Revised	l By:				Title:				Da	te:	
Person	Providing Informa	tion to DCS	:			Relation	nship to	Child	/Youth:		
Curre	nt insurance cove	erage	Yes 🗌	No 🗌 Unk	nown If	yes, provi	de deta	ils:			
Child	/Youth Inforr	nation									
Name	of Child/Youth:			E-m	ail Address	:				SSN	:
DOB:	Sex:		Race:		Hispanic:	Yes [] No	U.S. Citiz	en:		No Birth Certificate
Is Child	l/Youth of Native	American	Descent	? 🗌 Yes 🗌] No 🗌 Una	able to Det	ermine		Yes" Triba iliation	ıl	
Child/Y	outh's Marital St	atus (check	one)] Never Mar	ried 🗌 D	ivorced	🗌 Wid	dowed	d 🗌 Ma	rried	Separated
Has Yo placem	uth been placed i nents:	n out of ho	ome care	prior to this	s custody ep	oisode? If y	yes plea	ise lis	t dates ar	nd	Yes No
Curr	ent Descripti	on of th	e Child	l/Youth							
Physica	al Description Dat	е		P	Primary Lan	guage Spo	ken				
Height		Weight			Hair Colo	r			Eye Color	•	
Religio	n:			Identifying	g Marks or T	attoos:					
Snoci	al Needs/Disabilit	ios									
	al Medical Equipn										
	duled Appointmer				e of appt)						
	gies/Adverse Reac cation:	tions:	Yes	No		Describe	reactio	n.			
Food						Describe					
	t Sting:					Describe					
Othe						Describe					
	cal modified/Relig	ious diet?	Yes	5 🗌 No	If yes, descr				I		
					,,						

Medications: Prescribed and Over the Counter	
Current medications (name, route, frequency, dosage & days of meds left	

Chil	Child Name: Child DOB: Person ID:															
	Are meds given in school?															
	-			Yes _				-	_							
Cons	ent sig	ned for	psychotropi	c meds:	Yes	□ N	0] N/A		Next	med	l appoi	ntment:			
	Foster l ication:		received		🗌 Yes	□ N	0 E 2	xplai	in:							
Hea	alth H	istory	y of Child	Explain a	ny item	is cheo	cked	Now	v/Pa	st in	"CO	MMEN	TS" secti	on		
No	Now	Past							Ν	οI	Now	Past				
			Birth defect	ts									Gastroi	intestinal problems		
			Vision prob	lems										/urinary problems		
			Hearing pro											tis/liver problems		
			Skin proble										Cancer	•		
			Head injuri										Tuberc	ulosis (TB)		
			Headaches										Autism	/Asperger's (circle one)		
			Sickle cell d	isease										pmental delays		
			Anemia/blo	od disord	er									ng disability		
			Epilepsy/se	izures									1	problems		
			Bedwetting										Inconti	nence: 🗌 Urine 🗌 Stool		
			Diabetes										Other r	medical (describe below)		
			Asthma/Re	spiratory l	Disease								Accider	Accidents (describe below)		
			Heart murr	nur									Hospita	Hospitalizations (describe below)		
			Heart prob	lems									Surgeri	Surgeries (describe below)		
			High blood	pressure									Probler	Problems with anesthesia		
			Physical dis	abilities									Other o	developmental disabilities		
Child	l/Youth	is curr	ently hospita	lized:	Yes	🗌 No	lf	yes,	, wh	ere a	and v	vhy:				
-																
			onal health ng health rela	ated serv	ices:											
	mation	i/ongoi			ices.											
Chi	Idhoo	d Illn	esses													
No	Yes		orox date						No	Y	es	Approx	date			
				Measles										Chicken pox		
					measles									Scarlet fever		
				Mumps	measies	,								Rheumatic fever		
Tra	uma	Scree	ning	Mamps										Infedinate rever		
			bry of abuse/a	dvorso ovi	herience	s Evol	ain an		s an	SWAR	rs in "	COMME	NTS" sec	tion		
	No	Yes			Serience	3. LAPI	No	Ye		30001	5 111	CONNIN	1115 300			
	NU	163	Neglect				NO	10		Dom	nestic	violenc	e			
				ault/abuse	2								0			
	Physical assault/abuse School violence Sexual assault/abuse Community violence															
			Emotional al										sonal viol	lonco		
			Traumatic lo		tion			+				isaster				
			Extended illr			na		+					or (substa	ance abuse/mental illness)		

Other trauma, describe:

Serious injury

Child Name	e:		Child DOB:	Person ID:	
				I	
		-	Yes No If no, call CPS	877-237-0026	
Comments//	Additiona	l health	information:		
Child Stre	engths				
Behavior	al/Men ⁻	tal He	alth History		
No	Now	Past			
			Intense anger, if yes, describe		
			Oppositional, if yes, describe		
			Negative Peer Association, if yes, de		
			Extreme Attention Seeking, if yes, de		
			Makes False Statements, if yes, desc	ribe	
			School Difficulties, if yes, describe		
			Damage of Property, if yes, describe		
			Habitual Lying, if yes, describe		
			Stool Smearing, if yes, describe		
			Stealing, if yes, describe		
			Runaway, if yes, describe		
			Hoarding, if yes, describe	tantian if you describe	
			Problems with concentration and at	pond to safety instructions, if yes, describe	
			Requires Constant Supervision, if ye		:
			Anxiety, if yes, describe		
			Depression, if yes, describe		
			Seeing or hearing things that aren't	there, if ves, describe	
			Fire-setting, if yes, describe	· · ·, j··,····	
			Animal cruelty, if yes, describe		
			Animal fear, if yes, describe		
			Self-injurious behavior/Other Self Ha	arm, if yes, describe	
			Aggressive, dangerous or destructiv	e behaviors, if yes, describe	
			Sexual aggression, if yes, describe		
			Had homicidal thoughts, if yes, desc	ribe	
			Had suicidal thoughts, if yes, describ	e	
	ļ		Attempted suicide If yes, describe		
			Had other mental health or behavio		
			Other mental health diagnosis, if yes	s, describe	

Has the Child/Youth received counseling or therapy?	Yes No
If yes, where?	
Has the Child/Youth had a Psychological Evaluation:	Yes No
If yes, diagnosis, when, where?	

Child Na	me:				Child	DOB:		Person ID:	
					•				<u> </u>
Has the O	Child/You	th beer	hospitalized	for men	tal health p	problems/acute h	ospitalization?	Yes	No
If yes, dia	agnosis, v	vhen, w	/here?		•		•		
			ily received in	-home s	services?	Yes No			
If yes, wh	nen, whei	re?							
Has the O		th prev	viously been pl	aced in	a residentia	al treatment faci	litv? Yes	ΠNο	
If yes, wh		-	<u></u>						
	•								
Alcoho	l/Drug	Abus	e History						
No	Now	Past	Frequency	(Xs pe	r day/week/	month)			
				Alcoho	ol				
				Tobac	co smoke/cł	hew (circle one or k	ooth)		
				E-ciga	rettes/vapor	r cigarettes			
				Mariju	iana				
				Narco	tics				
				Stimu	lants				
				Metha	mphetamin	ie			
					inogens				
				Steroi					
				Huffin	-				
	_			Ecstas					
				1	drugs, unkr				
						s prescribed for an			
						medication, specif	y:		
Addition		ontei		Other	, specify:				
Addition	arcomm	ents:							
Has child	been ide	ntified	as high risk?					Yes	1 No
			ompleted on cl	nild ider	ntified as hi	gh risk?			 NoN/A
						0			
Birth L	liston	(for all	childron						
		(ior all	children)						
Birth We	ignt:		Birth L	ength:		Full term or	Premature b	oirtn (<36	weeks

				Weeksj		1
Did mother receive	prenatal ca	re: Yes	No M	1onth of pregnancy for 1 st prenatal vis	it:	
Pregnancy/Birth cor	nplications	:				
Was there prenatal	substance	abuse:	Yes [No Substance and frequency:		
Birth hospital and lo	ocation:					

Minor Female										
Age of 1 st Period:		Date of Last P	eriod:							
Pregnancies #		Live births #		Full term		Premature (# wee	ks)			
Miscarriages #		Abortions #		Currently	pregnant:	Yes No	lf yes,	, due date:		

Child DOB:

Person ID:

Does the youth have children?											
Youth's Children's	DOB	In D	CS	Male/	Race	Name of Person Child	Name of Child's	Contact			
Names		Cust	ody	Female?		Lives with and	Other Parent	Information of			
		?				Relationship		Other Parent			
		Yes		Male 🗌							
		No		Female							
		Yes	4	Male 🗌							
		No	_	Female							
		Yes	4	Male							
No Female											
Does minor parent have visitation with their child(ren)?											
If yes, list any visitation restrictions:											
			A								
Gender and Se											
		fy him	her:	self as gay, le	sbian, tra	insgender, or non-binar	/? 🗌 Yes 🔄 No				
If yes, describe ans	wer										
Sexual Activity	/										
Is child sexually act		ПYе	<u>د</u>	No U	se birth o	control?	Method:				
is ennu sexually act							Wiethou.				
Dating Violenc	Δ										
			hu a l l i u			we helewisk in a detine					
	perience		roiiir	ng, abusive of	raggressi	ve behavior in a dating	relationship?	es 🔄 No			
If yes, explain:											
Medical											
Does the Child/You	th have a	a regu	lar m	edical provid	er (pedia	trician, family doctor, et	c.)? Yes	No			
If yes, name of med		-			-		Date of last visit:				
	•										
Immunization	5										
Are immunizations	-	***		Yes 🗌 No	Is the im	munization record avai	able? Yes	No			
Religious/medical e			<u> </u> Ye			dian must provide a nota		INU			
Keligious/medical e					il ello guai	dian must provide a nota					
Dental											
Does the Child/You	th have a	a regu	lar de	ental provide	r? 🛛 🗌 Y	es Does the Child/Ye	outh wear braces?	🗌 Yes 🗌 No			
			1		1	No					
If yes, name of den							e of last exam:				
If braces, name of o	orthodon	tist:				Da	e of last exam:				
								1			
Vision											
Does the Child/You	th wear	glasse	s?	Yes 🗌 No	Does	the Child/Youth wear co	ntacts? Yes	No			
If yes, name of visio		-				0	ate of last visit:	ľ			

This concludes the Well-Being Section.

This page intentionally left blank.

This information does not go to Health Care Provider.

Education and Independent Living					
Student graduated h	igh school?	Yes No	GED	HISET Student Home Schooled	
What school does the student attend? (name, city, county)					
Student's age		Current grade		Student receives special education services? 🗌 Yes 🗌 No	
If yes, name the disa	bility				

No	Yes	
		Is the student taking GED classes
		Does the student have a history of skipping school?
		Is the student in an alternative school?
		Is the student serving a zero tolerance expulsion (drugs, weapons and/or assault)?
		Is the student serving a suspension for issues other than zero tolerance? If yes, what is the reason and duration of suspension?

Student strengths (check all that apply)	Areas needing improvement (check all that apply)
Mathematics	Mathematics
Reading	Reading
Athletics	Athletics
Attendance in school	Attendance in school
Other, specify	Other, specify

Other things you would like to share regarding your student's schooling?

Current Dispositional Information					
Disposition Judge	S	pecial Judg	ge		
Current Disposition Court					
Current Disposition Decision				Disposition D	ate
Have you been or are you currently on prob	ation?	lf yes, w	here		
Defense Attorney					
Current Adjudication Type			Curren	t Adjudication Da	ate
Adjudicated Charge – Current and Previous	Date Occu	rred Di	sposition	Disposition	1
		Da	te		
Pending Charges		Co	urt Date S	et Date (if ye	s)
			Yes 🗌 N	10	
			Yes 🗌 N	10	
			Yes 🗌 N	10	

Child Name:	Child DO	3: Per	son ID:					
Narrative								
Legal/Probation Services Previously Offered to Child/Youth								
Date	Туре	Outo	ome					
Safety (Unruly/Delinquent Youth only)								
A) Maltreatment Allegations or Unruly Behaviors/Delinquency								
Other (explain)								
Narrative								
Strengths (Signs of Safety)								
Risks, Needs and Concerns (Signs of Risk								
include aggressive behavior, arson, cruelty to								
animals, gang involvement, etc.)								
B) Domestic Violence								
Narrative								
Strengths (Signs of Safety)								
Strengths (Signs of Safety) Risks, Needs and Concerns (Signs of Risk								
	ve behavior, arson, cruelty to							
animals, gang in								
FSW Name		Contact #						
Office Address								
Supervisor		Contact #						

DCS / Provider Staff

I acknowledge receipt of the Intake, Placement, and Well-Being Information and History. I further acknowledge my legal duty to maintain confidentiality of this information and history and any additional information I may receive pursuant to Tennessee Code Annotated §37-2-415, The Foster Parent Rights Act.

> Foster Parent Date Foster Parent Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. RDA 11016 Distribution: kidcentral tn HIP CS-0727, Rev. 10/23 Page 8

Date

This page intentionally left blank.

	Child Name: Child DOB: Person ID:
--	-----------------------------------

Do not provide this section to the Foster Parent or the Health Care Provider.

Adoption/Guardianship Completed by DCS: Yes No (If no List Name of the Agency)

Removal Date:		New Placement:			Date of Placement:		Legal Custody Date:	
Removal County:	Adjudication Type: Dependent and Neglect Unruly Delinquent N/A Brief Description: Image: Comparison of the second							
Removal Reason:								

Removal Street Address								
City			County			State	Zip Code	
			Kinship	Excep	otion Request			
Was KER approved? Yes No I		If yes, by whom?						
Was the KER temporary or long term?		temporary	y 🗌	long term				
MSW Consult was completed with:								

Family Information	
Both parents living?	
Household income to dete	
Foodstamps Child Support	

Child/Youth Parent(s)/Caretaker(s)								
Indicate Par	Indicate Parent/Caregiver's Preferred Method for Receiving Documents							
Birth Mother's N	<u>lame</u>					Primary Ca	regiver	Yes 🗌 No
Email Address			_			Yes] No	
Maiden Name			Social Security No.		DOB	N	lessage Con	itact #
Address						Yes	No	
City, State, Zip							Contact #	
Employer				Address				
City, State, Zip							Contact #	

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CS-0727, Rev. 10/23

Child Name:	Child DOB:	Person ID:					
Birth mother married when ch	hild/Youth was born?	Unable to Determine]				
Birth mother ever been marrie	ed? Yes No Unable to Determ	nine lf so, where and to whom?	-				
Birth mother ever been divord	ced? Yes No Unable to Determ	nine If so, where and from whom?					
Birth mother's race:							
Is there a father listed on the	birth certificate?						
Has DNA testing ever been do	ne? Yes No If so, what were the and where was it do						
Has there ever been a legal far been legitimated through the	ther identified (either mother was married a court)?	at the time of birth or a father has Yes No					
Legal Father's Name							
Email Address							
Social Security No.		DOB					
Address							
City, State, Zip							
Employer Address							
City, State, Zip							
Legal Father's Race:							
Marital Status of Parents Married Separated Divorced Other							
Putative/Alleged Father's Name							
Email Address							
Social Security No.		DOB					
Address City, State, Zip							
Employer		Address					
City, State, Zip							
Putative/Alleged Father's Rac	.e:						
Caregiver's Name (if different	<u>from above)</u>						
Email Address							
Social Security No.		DOB					
Address							
City, State, Zip							

Child Name:	Child DOB:	Person ID:
Employer	Addres	SS
City, State, Zip		
Relative Contact Person F	or Child/Youth (other than parent	:)

Relationship

Child/Youth Siblings:					In Custody
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	🗌 Yes 🗌 No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No
Name	SSN	DOB	Sex	Race	Yes No

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CS-0727, Rev. 10/23 RDA 11016 RDA 11016 Page 12



IDENTFYING INFORMATION: Child's Last Name First Middle Date of Birth Social Security Number Race Sex Child's County of Venue Date of Custody Mother's Last Name First Middle Date of Birth Social Security Number Father's Last Name First Middle Date of Birth Social Security Number Relationship of person to child: Pare of Birth Social Security Number Social Security Number Relationship of person to child: Pare of Birth Social Security Number Social Security Number PLACEMENT INFORMATION (Where the child was removed): Relationship of person to child: Pare of Parement: Date of Birth Social Security Number LIGIBUITY/REIMBURSABUITY: .st the child a US. Citize or Qualified Also or Qualified Also are resident? Social Security Number Pare (FartHER) A DEPRIVATION OF PARENTAL SUPPORT BY CHUBS LEGAL AND/OR BIOLOGICAL PARENTS: .st the child a Sc titze or Qualified Also or Qualified	Date Received:												
Race Sex Child's County of Venue Date of Custody Mother's Last Name First Middle Date of Birth Social Security Number Father's Last Name First Middle Date of Birth Social Security Number REMOVAL HOME (From whose home the foster child was removed): Name of Parson from whose home the child is placed, outside of the home because of this situation): Name of Parson from whose home the child is placed, outside of the home because of this situation): Name of Placement: Date child a Native American? Yes No Yes No Yes No Yes No PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: No Yes No A DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: No Yes No A DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: No Yes No A DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: No Yes No Yes No C. Parent(s) disabled (physically/ Yes No Yes No Yes No Yes No Yes No C. Parent(s) unemployed? Yes No Yes No Yes No A. Bernichiding with the chicher pare	IDENTIFYING INFORMATION:												
Mother's Last Name First Middle Date of Birth Social Security Number Father's Last Name First Middle Date of Birth Social Security Number REMOVAL HOME (From whose home the foster child was removed): Relationship of person to child: PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation): Name of Placement: Date Entered Placement: ELIGIBILITY/REIMBURSABILITY: 1. Is the child a U.S. Citzen or Qualified Alex 2. Is the child a Tennessee resident? Yes No Yes No Yes No Yes No Yes No Yes No A. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: . . . A. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: . . . B. Is the child's parent(s) deceased? Yes No Yes No Yes No . G. Parent(s) disabled (physically/ mentally? Yes No Yes No . . G. Parent(s) unemployed? Yes No Yes No . . . G. Parent(s) unemployed? Yes No Yes No G. Parent(s) unemployed?	Child's Last Name	First		Middle			Date	of Birth		Socia	al Security Number		
Father's Last Name First Middle Date of Birth Social Security Number REMOVAL HOME (From whose home the foster child was removed): Name of Person from whose home the foster child was removed? Relationship of person to child: PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation): Date Entered Placement: PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation): Date Entered Placement: ELIGIBULITY/REIMBURSABILITY: 1. Is the child a U.S. Citizen or Qualified Alien? 3. Is the child a Native American? Yes No 1. Is the child a U.S. Citizen or Qualified ALINPOR BIOLOGICAL PARENTS: 3. Is the child's parent(s) deceased? If Yes No 4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGLA ANN/OR BIOLOGICAL PARENTS:	Race	Sex		Child's County of Venue				Date of Custody					
REMOVAL HOME (From whose home the foster child was removed): Name of Person from whose home the child was removed? Relationship of person to child: PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation): Date Entered Placement: Name of Placement: Date Entered Placement: Date Entered Placement: ELIGIBILITY/REIMBURSABILITY: 1. Is the child a U.S. Citizen or Qualified Allen? 2. Is the child a Tennessee resident? Yes No Yes No Yes No Yes No A. DePRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: A. Parent living in the home from which the Yes No Yes No A. Jerrit (s) unemployed? Yes No Yes No Yes No Yes No Parent living in the home from which the most earnings over the past 24 months. Who is the primary wage earner? Mother Father C. Parent(s) unemployed? Yes No Yes No If 'yes'', date death occurred: If 'yes'', abace death or the wonth the Voluntary Placement was signed. Yes in No Image earner? Mother Father C. Parent(s) Unemployed? Yes No Image earner? Mother Father Check here if neither parent was a wage earner?	Mother's Last Name	First		Middle			Date	of Birth		Socia	al Security Number		
Name of Person from whose home the child was removed? Relationship of person to child: PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation): Date Entered Placement: Name of Placement: Date Entered Placement: ELIGIBILITY/REIMBURSABILITY:	Father's Last Name	First		Middle			Date	of Birth		Socia	al Security Number		
PLACEMENT INFORMATION (Where the child is placed, outside of the home because of this situation): Name of Placement: Date Entered Placement: ELIGENUTY/REIMBURSABILITY: 1. Is the child a U.S. Citizen or Qualified Alien? Yes No Yes No Yes No PARENTATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the child was removed? Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Check here if neither parent was awage earner;	REMOVAL HOME (From	whose home the	foster ch	ild was re	move	d):							
Name of Placement: Date Entered Placement: ELIGIBILITY/REIMBURSABILITY: . 1. Is the child a U.S. Citizen or Qualified Alien? Yes No 2. Is the child a Tennessee resident? Yes No 3. Is the child a Native American? Yes No 4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: A. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the child was removed? MOTHER FATHER VES No Yes No b. Is the child's parent(s) deceased? Yes No Yes No If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) unemployed? Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Cherent build inity with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed. Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From TO Name and Address Relationship If no, list all living ar	Name of Person from wh	nose home the ch	ild was re	emoved?				Relation	ship of	person	to child:		
ELIGIBILITY/REIMBURSABILITY: 1. Is the child a U.S. Citizen or Qualified Alien? Yes No 2. Is the child a Tennessee resident? Yes No 3. Is the child a Native American? Yes No 4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the Child was removed? FATHER a. Parent living in the home from which the Child was removed? Yes No Yes No b. Is the child's parent(s) deceased? Yes No Yes No c. Parent(s) disabled (physically/ mentally)? Yes No Yes No d. Parent(s) unemployed? Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No 4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed? Yes No If no, list all living a	PLACEMENT INFORMAT	ION (Where the d	child is pl	aced, outs	side o	f the hon	e becau	se of this site	uation):				
1. Is the child a U.S. Citizen or Qualified Alien? 2. Is the child a Tennessee resident? Yes No 3. Is the child a Native American? Yes No 4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL ADERRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL CHILd's parent(s) deceased? Yes No Yes No b. Is the child's parent(s) deceased? Yes No Yes No Yes No If "yes", date death occurred: If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes No Yes No No d. Parent(s) unemployed? Yes No Yes No No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? No Mother G atther Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No No 4A. Was the child living with either or both parents during the month the court proceedings initiated or the month that Voluntary Placement Agreement was signed? Yes No No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relati	Name of Placement:								Date I	Entere	d Placement:		
Alien? resident? Yes No Yes No Yes No 4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the child's parent/s) deceased? Yes No Yes No b. Is the child's parent/s) deceased? Yes No Yes No Yes No c. Parent(s) disabled (physically/ mentally? Yes No Yes No Yes No d. Parent(s) unemployed? Yes No Yes No Yes No d. Parent(s) unemployed? Yes No Yes No Yes No d. Parent(s) unemployed? Yes No Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No No 44. Was the child living with either or both parents during the month the court proceedings initiated or the month the Voluntary Placement Agreement was signed? Yes No No No If no, list all living arrangements for the six months prior to the mo	ELIGIBILITY/REIMBURS/	ABILITY:							1				
Yes No Item is in the initial support by CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the child was removed? MOTHER FATHER child was removed? Yes No Yes No Item is initiated or the child's parent(s) deceased? Yes No Yes No Item is initiated or the parent is initiated or the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother	1. Is the child a U.S. Citiz	en or Qualified	2. 1	s the child	l a Te	nnessee		3. Is the	child a l	Vative	American?		
4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the child was removed? MOTHER FATHER with a sense of the child was removed? Yes No Yes No b. Is the child's parent(s) deceased? If "yes", date death occurred: If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes No Yes No d. Parent(s) unemployed? Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Motion Motion Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No 4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Mane and Address Relationship <td></td> <td></td> <td>r</td> <td>esident?</td> <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td> <td></td> <td></td>			r	esident?				Yes	No				
4. DEPRIVATION OF PARENTAL SUPPORT BY CHILD'S LEGAL AND/OR BIOLOGICAL PARENTS: a. Parent living in the home from which the child was removed? MOTHER FATHER Ves No Yes No b. Is the child's parent(s) deceased? Yes No Yes No If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes No Yes No d. Parent(s) unemployed? Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No 44. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Image: Ima	Yes 🗌 No 🗌		Y	′es 🗍 No	\square					_			
child was removed? Yes No Yes No b. Is the child's parent(s) deceased? Yes No Yes No If "yes", date death occurred: If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes No Yes No d. Parent(s) unemployed? Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No A 4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship 4B. Give the following information on all persons (including the foster child) who were living in the home from which the foster child was removed (removal home). <td>4. DEPRIVATION OF PA</td> <td>RENTAL SUPPOR</td> <td></td> <td></td> <td></td> <td>ID/OR BI</td> <td>DLOGICA</td> <td>L PARENTS</td> <td>5:</td> <td></td> <td></td>	4. DEPRIVATION OF PA	RENTAL SUPPOR				ID/OR BI	DLOGICA	L PARENTS	5:				
child was removed? Yes No Yes No b. Is the child's parent(s) deceased? Yes No Yes No If "yes", date death occurred: If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes No Yes No d. Parent(s) unemployed? Yes No Yes No The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No	a. Parent living in the ho	me from which th	e		мот	THER		FATHER					
If "yes", date death occurred: If "yes", date death occurred: If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes No d. Parent(s) unemployed? Yes No Yes The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No No 4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Image: Comparison of the parent sint sint sint sint sint sint sint si	0			Yes		No				Yes	No 🗌		
If "yes", date death occurred: If "yes", date death occurred: c. Parent(s) disabled (physically/ mentally)? Yes d. Parent(s) unemployed? Yes Yes No Yes No Yes No	b. Is the child's parent(s)	deceased?		Yes		No							
mentally? Yes d. Parent(s) unemployed? Yes Yes No Yes No Yes No Yes No Pacement was earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No A4. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Relationship And the dest of the six months is a month parent in the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Relationship And the dest of the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Relationship And the dest of the six months prior to placement and working back and the dest of the placement and working back and the dest of the placement and working back and the dest of the placement and the dest of the placement and the dest of the placement and the dest of the pla			lf	"yes", dat	te dea	ath occu	red:	lf "yes", c	lf "yes", date death occurred:				
The primary wage earner is the parent with the most earnings over the past 24 months. Who is the primary wage earner? Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No 4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Image: Comparison of the six of the si	-	ysically/	Ye	es 🗌 🛛 1	No [Yes 🗌	Yes No				
Mother Father Check here if neither parent was a wage earner: Is the primary wage earner currently unemployed or employed less than 100 hours per month? Yes No 4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship	d. Parent(s) unemploye	d?	Ye	es 🗌 🛛 🛛	No [Yes 🗌	es 🗌 No 🗌				
4A. Was the child living with either or both parents during the month the court proceedings were initiated or the month the Voluntary Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Image: Signed in the sign of the si		-			-	-		onths. Who	is the p	rimary	wage earner?		
Placement Agreement was signed? Yes No If no, list all living arrangements for the six months prior to the month the court proceedings initiated or the month that the Voluntary Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship Image: State of the state of	Is the primary wage e	arner currently ur	nemploye	ed or emp	loyed	less thar	100 hou	rs per mont	h? Yes	N	o 🗌		
Placement Agreement was signed, beginning with the child's most recent living arrangements prior to placement and working back. From To Name and Address Relationship I I I I I					mon	th the co	ırt proce	edings were	initiate	d or th	e month the Voluntary		
From To Name and Address Relationship Image: Constraint of the start of the s	_	-		-				-			-		
removed (removal home).	From	Го	Name	e and Add	lress						Relationship		
removed (removal home).													
removed (removal home).													
removed (removal home).													
removed (removal home).													
removed (removal home).													
removed (removal home).													
removed (removal home).													
		4B. Give the following information on all persons (including the foster child) who were living in the home from which the foster child was											
		,	Birth	Date	R	elations	nip to Fo	ster Child		So	cial Security Number		

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CWB Case File, Copy Child's Record RDA 2984





Date Rec	eived:													
										come in sections 5 th				
			-	-			-			ons in the removal ho	o living in the removal			
Source			Balanc		e in seci		Ownei			Bank Name a				
Cash			Jaiant				Owner			Dank Name a	nu Autress			
Checking/	Savings													
IRA/CD	5411165													
Stocks/Bo	nds													
Trust Acco	ounts													
Other														
6. List any	real estate	fami	ily mer	nbers or o	hild owr	ns other th	han their ho	me:						
Value and	Amount O	wed:			Owner	:			Locatio	on:				
Value and	Amount O	wed:			Owner	:			Locatio	ocation:				
7. List any	y vehicles fa	amily	memb	per or chil	d owns:									
Value and	Amount O	wed:			Owne	er:			Mode	l and Year:				
Value and	Amount O	wed:			Owne	er:			Mode	l and Year:				
					mount	or equiva	lent): Check	c the (Step bo	x) if the	e income below is re	ceived by a			
steppare	nt in the re	emov					_			,				
			Fos	ter Child	Moth	er (Step) Fa	ather (Step)	Sibling (Step 🗌)	Sibling (Step 🗌)			
Social Sec	curity													
SSI					-									
Veteran's UC/WC	Benefits													
	Retiremen	+												
Pension	Reuremen	L												
Military														
Child Sup	nort													
Other	<u>r</u>													
	e the child's	pave	e for t	he above	N	ame:				Type of Benefits:				
benefits:		. ,			N	ame:				Type of Benefits:				
10. Curre	nt Employ	er: Cł	neck tl	he box in	the (Ste	ep) colum	n if the wag	ges are receiv	ed by a	stepparent or step	sibling.			
	(Step)	Fr	om	То	Em	ployer Na		Gross Wa	ges	Frequency	# Hours Worked Per			
						Addre	SS	(amount b		(weekly, bi-	Week			
								deductio	ns)	weekly, semi-				
al										monthly, yearly)				
Child														
Mother														
Father Sibling					+			<u> </u>						
Sibling					+									
	e Expenses				1									
			for co	moonete	care for	the child -	that the -	hild's parant -	ould act	towork training or	look for a job?			
טוע the ch	iliu s parent	. pay	IOF SOF	neone to	care for	the child s	so that the C	mu s parent c	ouid gei	t to work, training, or				

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CWB Case File, Copy Child's Record RDA 2984





Date Received:									
Yes 🗌 No 🗌									
lf "yes", Amount Paid: Free	quency: W	Veekly	Monthly]					
Child Care Provider Name and A	ddress:								
Phone Number:									
11. Does the child have any physical and psychological report from									
If yes, briefly describe:									
12. Is the child attending school? If yes, is the attendance: Full Tim	e 🗌 Part T	Time	Grade						
13. If the child is 18 and in school, i Expected graduation date:	s he/she e	xpecte	d to complete the	e course of	study	by ag	e 19? Yes 🗌		D N/A
14. Is the home from which the chil					aymer	nts on	behalf of th	ne ch	ild? Yes 🗌 No
15. Does the child receive or expect	t an inherit	ance o	r settlement? Ye	s 🗌 No 🗌					
16. Child Support Information-No									•
Foster Child's Mother:	Does a " No 🗌 Ye		Cause" reason exi	st to not p	ursue d	child s	support fror	n the	mother?:
Street Address	City			State		Zip		Telephone Number	
Is this address valid? Yes 🔲 No 🗌	Last date	e at ab	ove address						
Employer Name and Address		City		State		Z	ip	Las	t date employed
Is mother making child support payments? Yes 🗌 No 🗌		f yes, ir Moun	ndicate: t:	, ,				Last date support was paid	
Foster Child's Father:			Cause" reason exi		ursue o	child s	support fror	n the	father?: No 🗌 Yes 🗌
Street Address	City			State		Zip		Tel	ephone Number
Is this address valid? Yes 🗌 No 🗌	Last date	e at ab	ove address					•	
Employer Name and Address			City		State		Zip		Last date employed
Is father making child support payments? If yes, indicate: Frequency Last date support was paid Yes No Amount: If yes, indicate: If yes, indicate:									
Understand	ling of DCS	S Fami	ly Services Work	er/Autho	rized P	enre	sentative/	Court	Liaison

ervices Worker/Authorized R

I understand that information may be submitted to the United States Citizenship and Immigration Services (USCIS) for verification. If the child receives Medicaid, as the child's representative, I assign to the State any other medical benefits the child has as long as the child receives Medicaid. I will cooperate with the Department of Children's Services, the Department of Human Services, the Department of Health, and the Tennessee Bureau of Investigation. I authorize the release of information to recover the benefits and investigate fraudulent claims for benefits.

I understand that I will be responsible for reporting changes in living arrangements and other criteria as required within ten (10) days. I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CWB Case File, Copy Child's Record RDA 2984





lundarstand that if I disagree wi	th action taken on this application	I may appeal the decision within 90 day	rs of the date notified
i unuelstanu that n'i uisagree wi	un action taken on this application	i may appear the decision within 90 day	's of the date notined.

<u>USE OF SOCIAL SECURITY NUMBERS AND COMPUTER MATCHING</u>: An individual applying for benefits must have a Social Security Number or apply for one, as required by PL 97-98. We use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. If those records do not match the information provided on behalf of the child, it may affect whether the child qualifies for benefits.

Family Services Worker/Authorized Representative/Court Liaison	Telephone No	Date						
ATTACH APPROPRIATE COURT ORDER(S) AND ALL OTHER PERTINENT INFORMATION								

es of: Court Orders Voluntary Placement Agreements netitions hirth certificates and social security card

Including copies of: Court Orders, Voluntary Placement Agreements, petitions, birth certificates, and social security card, plus child's Individual Education Plan, psychological reports, Procedure to Establish Good Cause, and health insurance card.

Additional comments or information may be added below:

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CWB Case File, Copy Child's Record RDA 2984



INSTRUCTIONS FOR USE OF FORM CS-0475 Child Welfare Benefits Application

- 1. The *Child Welfare Benefits Application* is a universal data collection document used to supplement the *TFACTS* on-line Title IV-E foster care eligibility determination process. The form also serves as an application for TennCare Medicaid and a referral for Supplemental Security Income (SSI) and a referral for the collection of child support.
- 2. The *Child Welfare Benefits Application* is completed for every DCS custody child for each new foster care custody episode.
- 3. The *Child Welfare Benefits Application* is completed by the child's Family Service Worker. The Family Service Worker serves as the child's Authorized Representative.
- 4. After an original *Child Welfare Benefits Application* is completed, the application is forwarded to the Regional Child Welfare Benefits Counselor.

The application is filed in a paper folder and maintained by the Child Welfare Benefits Counselor until the child's Title IV-E foster care and TennCare Medicaid case are closed.

Note: Section 4B continues on Page 2 of the form.



Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information <u>TO</u> the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				<mark>Mid</mark>	<mark>dle</mark>	
Other Le	gal Names:										
Address											
City											
<mark>SSN</mark>			DOB			Mal	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Ce	11					Home			Work	
This form	This form's expiration date is: Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.										

Name of Provider/School/Entity Releasing Information TO DCS:

Type of Information Requested (check ONLY one) You must hand write/type in specific informatio	n being requested.							
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:								
 Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested: 								
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Does not apply to employees or volunteers</i> . Specific Information Requested:								
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:								
5. Employment Records Specific Information Requested:								
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:								
7. Other Specific Information Requested:								
Purpose of the Requested Release/Disclosure: Check all that apply:								
One Signature Required:								
Signature:	Date:							
OR								
Signature of Authorized Representative*:	Date:							
*Authorized Representative means you have legal proof you can act for this person.								
Check the "Forms" Webpage for the current version and disregard previous versions. This form may r	not be altered without prior approval.							



A. AUTHORIZATION FOR RELEASE TO DCS

any representative of the Tennessee Department of Children's Servinformation deemed to be confidential. I hereby direct you as an i	ndividual or agency to release this information upon request of said ad understanding that the information released is for the official use of
the Tenn. Code Annotated; the federal Health Insurance Portability of Federal Regulations (CFR) Parts 160 and 164; and the federal Con regulations at 42 CFR Part 2. My signature indicates I have received	ease. I understand I may revoke this authorization in writing at any
HIPAA Authorization for Release of Protected Health Inforn	ation:
I hereby authorize the use or disclosure of my individually i	
	(2) If the person or organization authorized to receive the
-	released information may no longer be protected by federal
	gibility for health care, or the payment for my health care will
	ppy the information described on this form if I ask for it, and I
get a copy of this form after I sign it. (5) I may revoke this a	
	y effect on actions taken before the revocation was received.
(6) Any release made in reliance on this authorization prior	
violation of HIPAA or my confidentiality rights.	Ũ
I have read this section OR	This section was read to me
Initial	Initial Initial
If the individual who is the subject of the information requ	
Legal Guardian Must Sign This Release, EXCEPTION: Release	of records under category number 2 for a minor age 16 or

Legal Guardian Must Sign This Release. <u>EXCEPTION:</u> Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

One signature required:

Print Name

Signature

Date

OR

Name of Authorized Representative (Print) Sig	Signature of Authorized Representative					
Signer's Relationship to client and auth	ority to release confidential	Se 🗌	lf 🗌 Parent 🗌 Legal Gu	uardian*			
information		Le	gal Custodian*				
Conservator*] Personal Representative fo	r HIPAA*	Other*, specify:				
*Proof of authority to release information	on such as a court order or Po	ver of Attorney	document must be provi	ded.			

Proof of authority to release information, such as a court order or Power of Attorney accument, must be providea.

Name of Witness (Print)

Signature of Witness

Date

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

Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information FROM the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				Mid	dle	
Other Le	gal Names:										
Address											
City	State Zip Code										
<mark>SSN</mark>			DOB			🗌 <mark>Ma</mark>	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Cel	I					Home			Work	
<mark>This form</mark>	's expiration dat	<mark>te is:</mark>			1	expira		ceed one year from date e should be 90 days from est.	•		

Name of Provider/School/Entity Receiving Information FROM DCS:

Type of Information Requested (check ONLY one) You must hand write in specific information be	ing requested.				
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:					
 Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abus results. Does not apply to employees or volunteers. Specific Information Requested: 	se treatment records, and any associated test				
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Doe Specific Information Requested</i> :	es not apply to employees or volunteers.				
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:					
5. Employment Records Specific Information Requested:					
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:					
7. Other Specific Information Requested:					
Purpose of the Requested Release/Disclosure: Check all that apply:					
One Signature Required:					
Signature:	Date:				
OR					
Signature of Authorized Representative*:	Date:				
*Authorized Representative means you have legal proof you can act for this person.					

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

Distribution: Original Child's case File

B <u>AUTHORIZATION FOR DCS FROM RELEASE</u>						
	the Tennessee Department of Children's Services to					
release the information specified on page 1, to the person/entity	y specified on page 1B.					
I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 1B of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.						
HIPAA Authorization for Release of Protected Health Informa	ation:					
I hereby authorize the use or disclosure of my individually id	entifiable health information as described above.					
understand the following: (1) This authorization is voluntary. information is not a health plan or health care provider the r	• •					
privacy regulations. (3) My ability to receive health care, eligi		-				
not be affected if I do not sign this form. (4) I may see and co		or it, and I				
get a copy of this form after I sign it. (5) I may revoke this aut person/organization(s) in writing, but if I do it won't have any		s received.				
(6) Any release made in reliance on this authorization prior to	•					
violation of HIPAA or my confidentiality rights. I have read this section OR	This section was read to me					
Initial	Initial					
If the individual who is the subject of the information reques Legal Guardian Must Sign This Release. <u>EXCEPTION</u> : Release of older, requires the signature of that minor. Release of record regardless of age, if the youth consented to the health care in	of records under category number 2 for a minor age ds under categories 2 and 3 should be signed by the	e 16 or e youth,				
One signature required:						
Print Name	Signature Date					
OR						
Name of Authorized Representative (Print)	Signature of Authorized Representative	Date				
Signer's Relationship to client and authority to release confid information	Legal Custodian*	an*				
Conservator*						
*Proof of authority to release information, such as a court orde	r or Power of Attorney accument, must be provided.					
Name of Witness (Print)	Signature of Witness	<mark>Date</mark>				

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original Child's case File



The Following form titled Informed Consent for Psychotropic Medication may be removed and destroyed if the child is not on any Psychotropic medication.

		epartment of Children's ed Consent fo		opic Me	dica	ation	
Appointment Da	nt Date: Electronic Record System ID#: Home				County:		
Child's Name:					DOB:		
Placement: 🗌 Fo	oster home	Congregate care facility	Facility Name:				
Child entering	custody on th	e medication(s) listed below					
PLEASE ATTAC	<u>CH PSYCHC</u>	DTROPIC MEDICATION E	VALUATION Form C	S-0629 OR EQUI	VALE	NT FORM	
Medication (dose	, frequency,	route):					
For the treatmer	t of:						
Allergies:							
Any other medic child is taking:	ation						
Prescribing Provi	der's Name:			Telephon	e #:		
Clinic Name:							
Address:							
I have been informed of the recommendation that medication be prescribed as part of my/my child's treatment program. I have been informed of the nature of my/my child's condition, the risks and benefits of treatment with the above medication, of other forms of treatment, as well as the risks of no treatment. My signature below indicates that I have received information explaining the most common side effects of this/these medication(s) but understand that there may be other side effects. I understand that medication is only one aspect of my/my child's overall treatment, and that success and improvement depends on my active involvement and participation in all aspects of the treatment plan developed for me/my child. I also understand that although this medication is expected to be helpful in the treatment of my/my child's condition, there is no absolute guarantee as to the results. <i>For females:</i> Because this/these medication(s) could be harmful to a developing fetus, I will notify the medical staff immediately if I suspect pregnancy or have plans to attempt pregnancy. THIS FORM CAN ONLY BE SIGNED BY THE PARENT/GUARDIAN, YOUTH AGED 16 AND OLDER (at the discretion of the prescribing provider) OR THE DCS REGIONAL NURSE							
Based on the inform				,			
0		T to the administration of the a stration of the above listed med).			
_					5.		
Youth age 16 or old	er signature_				Date		
			· · ·				
					_ Date_		
neason parent calling	า						
	•						
		nsent was given by DCS for the		_			
•	0	·				·	
					iΥ		

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Child's Group Home File CS-0627 Rev 3/25 Rev 3/25



Mid-State Counties:227 French Landing Drive PioorWest Counties: Lake, Obion, Weskey, Dyer, Gibson, Crocket, Lauderdale, Tipton, Heiphone: 615-696-2273 Fax: 615-534-3077 Fax: 615-534-3078 Fax: 615-534-3078 Fax: 615-534-3078 Fax: 615-534-5368 Fax: 7154-5366 Fax: 7114-5356 Fax: 7114-5357 Fax: 7114-5356 Fax: 7114-5356 F		e completed form is forwarded to	b the appropriate DCS	Health Unit
Trousdale, jackson, Smith Davidson, Ruhreford, Cannon, Marshall, Bedford, Coffee, Lincoln, Wilson, Moore.Nashville, TN 37228 Lephone: 515-524-3077 Davidson County: Child Health email box: <i>EI DCS Childhealth DV FoxQeta</i> , govGlisson, Crocketi, Lauderdale, Tjacon, Mexiny.Memphs, TN 38103 Cell: 901-305-4299 Fax: 901-745-TS4 Shelby County: Child Health email box: <i>EI DCS Childhealth DV FoxQeta</i> , govMemphs, TN 38103 Cell: 901-305-4299 Fax: 901-745-TS4 Shelby County: Child Health email box: <i>EI DCS Childhealth DV FoxQeta</i> , govMemphs, TN 38103 Cell: 901-305-4299 Fax: 901-745-TS4 Shelby County: Child Health email box: <i>EI DCS Childhealth DV FoxQeta</i> , govMemphs, TN 38103 Cell: 901-305-4299 Fax: 901-731-514-5536 Fax: 901-731-514-5536 Fax: 901-731-514-5536 Fax: 731-935-0695 Lake, Obion, Weakley, Dyer, Gibson, Crockett, Lauderdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trousdale, Jackson, Trausdale, Jackson, Trausdale, Jack				• •
Davidson, Rutherford, Camon, Marshall, Bedford, Coffee, Lincoln, Wilson, Moore.Telephone: 615-969-2273 sci 615-52-977 Davidson County: Child Health email box: ELECS.ChildHealth DJ.Fax@tn.govCell: 801-962-299 Eax: 901-745-7154Wilson, Moore.Edes Contingent DJ. Fax@tn.gov Child Health email box: ELECS.ChildHealth DJ.Fax@tn.govShelby, Cell: 801-945-9754200 Athens Way, 2nd FL, Suite A Nashvile, TN 37243 Telephone: 731-514-5536 Fax: 615-523-5643Stormer, Macon, Tousdale, Jackson, Smith, Rutherford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: EL DCS.ChildHealth MS Fax@tn.gov8600 Hwy 22 Dresden, TJ 33205 Telephone: 731-514-5536 Fax: 731-932-0055 Lake, Dbin, Weakley, Dyer, Gibson, Crockett, Lauderdale, Tipton, Haywood, Fayette, Hardeman, McNairy Counties. Child Health email box: EL DCS.ChildHealth MS Fax@tn.govMid-West Counties: Child Health email box: EL DCS.ChildHealth MS Fax@tn.govTennessee Valley Counties: Child Health email box: EL DCS.ChildHealth MS Fax@tn.gov600 Hearthwood Cc, Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren Bidcson, Cheathm, Perry, Hordson, Cheathm, Perry, Hordson, Cheathm, Perry, Hickman, Maury, Willamson, Lewis, Wayne, Lawrence, Giles, Stewart, Child health email box: EL DCS.ChildHealth UWT Fax@tn.govCounties: Child health email box: EL DCS.ChildHealth UWT Fax@tn.gov Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, FLOS.ChildHealth UWT Fax@tn.gov Franklin, Marion, Hamilton, Sequatchie, FLOS.ChildHealth UWT Fax@tn.gov Fra				
Cannon, Marshall, Bedford, Coffee, Linclon, Wilson, Moore.Fax: 61-523-5648Hardeman, McNairy.Fax: 61-743-7154200 Athens Way, 2nd FL, Suite A Nashille, TM 37243 Telephone: 615-708-2230 Fax: 615-235-6648Biology 20Biology 20Fax: 61-723-5648Summer, Macon, Trousdale, Jackson, Smith, Rutherford, Coffee, Linclon, Moore, Tolk Haelth email box: ELDCS ChildHealth MS Fax@n.govBiology 20Mid-West Counties: Cannon, Marshall, Bedford, Coffee, Linclon, Moore, Notage, Jackson, Smith, Motherford, Coffee, Linclon, Moore, Nalson, Counties: Child Health email box: ELDCS ChildHealth MS Fax@n.govTennessee Valley Countes: Countes: Countes: Countes: Countes: Carnon, Marshall, Bedford, Coffee, Linclon, Moore, Nalson, Countes: Child Health email box: ELDCS ChildHealth MS Fax@n.govTennessee Valley Countes: Countes: Countes: Call Health email box: ELDCS ChildHealth MS Fax@n.gov600 Hearthwood Ct, Cookeville, TN 38205 Countes: Countes: Countes: Biddson, Decatur, Benton Countes: Henry, Henderson, Robertson, Houston, Humphreys, Child Health email box: ELDCS ChildHealth MW Fax@n.govCountes: Countes: Countes: Franklin, Marion, Franklin, Marion, Franklin, Marion, Headson, Decatur, Benton Countes: Child Health email box: ELDCS ChildHealth MW Fax@n.govCountes: Countes: Countes: Child Health email box: ELDCS ChildHealth MW Fax@n.govLickson, Cheather, Madison, Decatur, Benton Closc, Cheather, Mary Fax@n, Marion, Marion, Hamilton, Sequatchie, Franklin, Marion, Heamilton; Telephone: 931-988-1544 Fax: 931-646-3104S600 Brainerd Rd. #600 C Child Health email box: ELDCS ChildHealth, MY Fax@n.gov				
Bedford, Coffee, Lincoln, Wilson, Moore.Davidson County: Child Health email box: ELDCS.ChildHealth.DV Fox@tn.govShelby County: Child Health email box: ELDCS.ChildHealth.DV Fox@tn.gov200 Athens Way, 2nd FL, Suite A Nastville, TN 37243 Telephone: 731-514.5536 Fax: 615-2535.643Southers, Washing, Was		-		
Wilson, Moore.Child Health email box: EJ DCS.ChildHealth DV Fox@tn.govMcNairy.Child Health email box: EJ DCS.ChildHealth SH Fox@tn.gov200 Athens Way, Znd FL, Suite A Nashville, TN 37243 Telephone: 615-708-2230 Fax: (515235-5648 Summer, Macon, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Contries: Child Health email box: EJ DCS.ChildHealth MST Fox@tn.govMcNairy.Child Health email box: EJ DCS.ChildHealth MST Fox@tn.govMid-West Counties: Carrol, Chester, Montgomery, Hardin, Robertson, Henry, Henderson, Carrol, Chester, Mudson, Decatur, Benton, Robertson, House, Margen, Likkon, Chalthealth MST Fox@tn.govTenessee Valley Counties: Clay, Picket, Counties: Clay, Picket, Counties: Clay, Picket, Counties: Clay, Picket, Counties: Clay, Picket, Overton, Dekalb, Putmam, White, Counties: Class, Ches, Stewart, Lidwender, Masson, Decatur, Benton, Robertson, Lidvo: Class, Picket, Martin, Madison, Decatur, Benton, Robertson, Lidvo: Class, Picket, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Lidvo: Class, Picket, Montgomery, Hardin, Madison, Decatur, Benton Counties: Lidvo: Class, Picket, Montgomery, Hardin, Houston, Humphreys, Dickson, Cheathmam, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Mortheat Counties: Child Health email box: El DCS.ChildHealth MWT.Fox@tn.gov Fanklin, Marion, Hamilton: Robertson, Nouston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Child health email box: El DCS.ChildHealth, MWT.Fox@tn.gov Fax: 85594-2621 (KlnX County) Fax: 85594-2621 (KlnX County); Fax: 85594-2621 (KlnX County); Fax: 85594-2621 (KlnX County); Fax: 85594-2621 (KlnX County				
ELDCS.ChildHealth_DV_Fox@tra.govELDCS.ChildHealth_SH_Fox@tra.gov200 Athens Way, 2nd FL, Suite A Nashville, TN 372438600 Hwy 22 Dresden, TN 38225 Telephone: 615-708-2230 Fax: 615-523-5648Summer, Macon, Trousdale, Jackson, Smith, Rutherford, Conno, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: ELDCS.ChildHealth MK Fox@tra.gov8600 Hwy 22 Dresden, TN 38225 Telephone: 731-14-536 Fax: 615-523-5648Mid-West Counties: Carroll, Chester, Henry, Henderson, Carroll, Chester, Nontgomery, Hardin, Madison, Decatur, Benton, Robertson, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, StewartZ55.ChildHealth WK Fox@tra.gov Counties: Child health email box: ELDCS.ChildHealth WWT, Fax@tra.govFast Counties: Child health email box: ELDCS.ChildHealth WWT, Fax@tra.govTenessee Valley Counties: Child Health email box: ELDCS.ChildHealth WWT, Fax@tra.govFast Stewart Clikbnen, Tu 38401 Telephone: 731-446-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 731-445-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, StewartNortheast Counties: Child Health email box: ELDCS.ChildHealth, MSF Fox@tra.govFast Counties: Child health email box: ELDCS.ChildHealth, MSF Fox@tra.govSoft Read, Grudy, Franklin, Marion, Care, Greene, Hamiton, Sequatchie Counties: Child health email box: ELDCS.ChildHealth, MSF Fox@tra.govFast Counties: Child healt		-	-	
200 Athens Way, 2nd FL, Suite A Nashville, TN 37243 Telephone: 615-708-2230 Fax: 615-235-5648 Summer, Macon, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Conties: Child Health email box: <i>EL OCS.ChildHealth MIS Fox@n.gov</i> 8600 Hwy 22 Dresden, TN 38225 Telephone: 731-14-5536 Fax: 731-935-0605 Lake, Obion, Weakley, Dyer, Glasson, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Counties: Child Health email box: <i>EL OCS.ChildHealth MIS Fox@n.gov</i> Tennessee Valley Counties: Counties: Counties: Counties: Counties: Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.225 Dr. Martin Luther King Driva Jackson, The Sath Marker, The Sath Sath Telephone: 731-412-2035 Henry, Henderson, Carroll, Child health email box: El DCS.ChildHealth MWF Fox@n.govCounties: Counties: Clay, Picket, Overton, Dekalb, Putnam, White, Counties: Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Telephone: 731-435-2016 Child health email box: El DCS.ChildHealth MWF Fox@n.govFast Counties: Child health email box: El DCS.ChildHealth MWF Fox@n.govTelephone: 731-432-2398 Fox@n.govSo00 Brainerd Rd. #602 C Chatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.So00 Brainerd Rd. #602 C Chatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Counties: Child health email box: El DCS.ChildHealth MVF Fox@n.govSo00 Brainerd Rd. #602 C Chatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health mail box: E	Wilson, Moore.		McNairy.	
Nashville, TN 37243 Telephone: 615-708-2230 Fax: 615-253-5648Dreseden, TN 38225 Telephone: 731-514-536 Fax: 731-935-0695Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: ELDSC.ChildHealth MS Box@tn.govTelephone: 731-514-536 Fax: 731-935-0695Mid-West Counties: Child Health email box: ELDSC.SchildHealth MS Box@tn.govTennessee Valley Counties: Counties: Counties: Counties: Counties: Telephone: 731-412-2035Tennessee Valley Countes: Clay, Pickett, Overton, Dekalb, Putnam, White, Conserving, Henry, Henderson, Rodson, Decatur, Benton, Nadison, Decatur, Benton, Robertson, Houty, Henderson, Zither, Child Health email box: EL DCS.ChildHealth WYT Fax@tn.govTennessee Valley Counties: Counties: Counties: Child Health email box: El DCS.ChildHealth WYT Fax@tn.govHouston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-866-3100Columbia, TN Fax@tn.govEast Counties: Child Health email box: El DCS.ChildHealth MWT Fax@tn.govNortheast Counties: Fax: 831-864-3104Northeast Counties: Child Health email box: El DCS.ChildHealth Mury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govEast Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govFax: 825-594-2624 (KNox County) <br< td=""><td></td><td>EI_DCS.ChildHealth_DV_Fax@tn.gov</td><td></td><td>EI_DCS.ChildHealth_SH_Fax@tn.gov</td></br<>		EI_DCS.ChildHealth_DV_Fax@tn.gov		EI_DCS.ChildHealth_SH_Fax@tn.gov
Nashville, TN 37243 Telephone: 615-708-2230 Fax: 615-253-5648Dreseden, TN 38225 Telephone: 731-514-536 Fax: 731-935-0695Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: ELDSC.ChildHealth MS Box@tn.govTelephone: 731-514-536 Fax: 731-935-0695Mid-West Counties: Child Health email box: ELDSC.SchildHealth MS Box@tn.govTennessee Valley Counties: Counties: Counties: Counties: Counties: Telephone: 731-412-2035Tennessee Valley Countes: Clay, Pickett, Overton, Dekalb, Putnam, White, Conserving, Henry, Henderson, Rodson, Decatur, Benton, Nadison, Decatur, Benton, Robertson, Houty, Henderson, Zither, Child Health email box: EL DCS.ChildHealth WYT Fax@tn.govTennessee Valley Counties: Counties: Counties: Child Health email box: El DCS.ChildHealth WYT Fax@tn.govHouston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-866-3100Columbia, TN Fax@tn.govEast Counties: Child Health email box: El DCS.ChildHealth MWT Fax@tn.govNortheast Counties: Fax: 831-864-3104Northeast Counties: Child Health email box: El DCS.ChildHealth Mury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govEast Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Child Health email box: El DCS.ChildHealth MWS Fax@tn.govFax: 825-594-2624 (KNox County) <br< td=""><td></td><td>200 Athens Way, 2nd Fl., Suite A</td><td></td><td>8600 Hwy 22</td></br<>		200 Athens Way, 2nd Fl., Suite A		8600 Hwy 22
Telephone: 615-708-2230Telephone: 731-514-5336Fax: 615-253-5648Summer, Macon, Trousdale, Jackson, Smith, Rutherford, Connon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.govTelephone: 731-514-5336Mid-West Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.govTennessee Valley Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.gov600 Hearthwood Ct, Counties: Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.govMid-West Counties: Carroli, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Telephone: 731-514-5336Fax: 931-646-3104 Counties: Counties: Child health email box: ELDS.ChildHealth WMT Fax@tn.govTennessee Valley Counties: Child Health email box: ELDS.ChildHealth WMT Fax@tn.gov600 Hearthwood Ct, Counties: Child Health email box: Biedsoe, Rhea, Grundy, Franklin, Marion, Hamiton, Sequatchie, Franklin, Marion, Hamiton, Sequatchie, ELDS.ChildHealth WMT Fax@tn.govCounties: Child health email box: ELDS.ChildHealth WMT Fax@tn.govLawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104Seo0 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 931-921 Telephone: 931-921 <b< td=""><td></td><td>-</td><td></td><td>-</td></b<>		-		-
Fax: 615-253-5648Fax: 731-935-0695Sumner, Macon, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties:Lake, Obion, Weakley, Dyer, Gilson, Crockett, Lauderdale, Tipton, Haywood, Fayette, Hardeman, McNairy Counties. Child Health email box: ELDCS.ChildHealth MS Fox@tn.govMid-West Counties:225 Dr. Martin Luther King Drive Jackson, TN 3801Tennessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Comberland, Waston, Decatur, Benton, Robertson, Houtson, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury,Tennessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren Counties; Child health email box: EL DCS.ChildHealth WM Fox@tn.govHickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart. Columbia: TN 38401 Telephone: 931-808-1544 Fax: 931-466-3104Counties: Child health email box: EL DCS.ChildHealth WM Fox@tn.govEast Counties: Child health email box: EL DCS.ChildHealth MW Fox@tn.govColumbia: 173-8401 Telephone: 931-808-1544 Fax: 931-806-3104Soto Brainerd Rd, #602 C Chattanooga, TN 37411 Telephone: 931-808-1544 Fax: 931-806-3104East Counties: Child health email box: EL DCS.ChildHealth MW Fox@tn.govNortheast Counties: Child health email box: EL DCS.ChildHealth MW Fox@tn.govFast Stewart Counties: Child health email box: EL DCS.ChildHealth MW Fox@tn.govNortheast Counties: Child health email box: EL DCS.ChildHealth MW Fox@tn.govFast Stewart Counties: Child health email box: EL DCS.ChildHealth MW Fox@tn.govSoto, ChildHealth Counties: Child health email box: EL DCS.ChildH				-
Summer, Macon, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: EL DCS.ChildHealth MS Fax@tn.govLake, Obion, Weakley, Dyer, Gibson, Crockett, Lauderdale, Tipton, Haywood, Fayette, Hardeman, McNairy Counties. Child Health email box: EL DCS.ChildHealth MS Fax@tn.govTennessee Valley Counties: Counties: Counties: Countes: Countes: Countes: Carroll, Chester, Henry, Henderson, Carroll, Child Health email box: EL DCS.ChildHealth WWT Fax@tn.govTennessee Valley Counties: Clay, Pickett, Countes: Clay, Pickett, Courtes: Clay, Pickett, Overton, Dekalb, Putnam, White, Courberland, Warren, Van Buren; Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart, Lawrence, Giles, Stewart, Stott, Campbell, Claiborne, Union, Maury, Williamson, Lewis, Wayne, Lewis, Wayne, Child health email box: EL DCS.ChildHealth MWS Fax@n.govNortheast Counties: Robertson, Humphreys, Bioticson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child Health email box: EL DCS.ChildHealth MWS Fax@n.govNortheast Counties: Carle, Greene, Hannoch, Kakin, Marion, McM				
Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Corfee, Lincoln, Moore, Wilson Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.govFeinteenail box: ELDCS.ChildHealth MS Fax@tn.govMid-West Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.govTenessee Valley Counties: Child Health WR Fax@tn.gov600 Hearthwood Ct, Cooketer, Overton, Dekalb, Putnam, White, Comberland, Warren; Beton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Tenessee Valley Counties: Child Health email box: ELDCS.ChildHealth WWT Fax@tn.gov600 Hearthwood Ct, Cooketer, Owerton, Dekalb, Putnam, White, Cumberland, Warren; Bredson, Rhean, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Northeast Counties: Child Health email box: ELDCS.ChildHealth MWT Fax@tn.govNortheast Counties: Child Health email box: ELDCS.ChildHealth MWS Fax@tn.govEast Counties: Fentress, Colabone, Union, Knox, Morroe, Polk, Bradley, Meigs.2600 Western Ave. Rosvillen N 37921 Office: 865-329-8879 Fentress, Scott, Campbell, Claiborne, Union, Morro, Pax: 865-594-2621 (Klonx County) Fax: 865-594-2621 (Klonx County) Fax: 865-594-2621 (Klonx County) Fax: 865-594-2621 (Klonx County) Fax: 865-594-2621 (Klonx Scounty) Fax: 865-594-2621				
Image: control is a control is control				
Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: ELDCS.ChildHealth MS Fax@tn.govHardeman, McNairy Counties. Child Health email box: ELDCS.ChildHealth MS Fax@tn.govMid-West Counties: Henry, Henderson, Carroll, Chester, Montgomery, Hardin, Benton, Robertson, Houson, Cheatham, Perry, Hickman, Maury.Tenessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Eld beath email box: Eld beath email box; Eld beath email box; El DCS.ChildHealth WW Fax@tn.govTenessee Valley Counties: Clay, Pickett, Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Carroll, Counties: Child health email box; Eld Sc.RildHealth WWT Fax@tn.govTenessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Camberland, Bedsoe, Rhea, Grundy, Franklin, Manon, Hamilton, Sequatchie, Franklin, Manon, Hamilton, Sequatchie, Franklin, Manon, Lawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbiar, 103 8401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: El DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carabell, Coind health email box: El DCS.ChildHealth MWS Fax@tn.govS555 Plymouth Rd. Johnson Clay, Pickett, Dverten, Dekalb, Putnam, White, Fax: 865-594-2624 (Knox County)East Counties: Fentress, Norgan, Anderson, Roam, Loudon, McMinn, Mergs.2600 Western Ave. Fax: 865-594-2624 (Knox County) Fax: 865-594-2624 (Knox County) Fax: 865-594-2624 (Knox County)Northeast Counties: Child Health email box: El DCS.ChildHealth, FI Sav@tn.govFax: 8		-		
Counties: Child Health email box: EL DCS. ChildHealth MK Fax@tn.govChild Health email box: EL DCS. ChildHealth WR Fax@tn.govChild Health email box: EL DCS. ChildHealth WR Fax@tn.govMid-West Counties: Henry, Henderson, Carroll, Chester, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Zonties: Counties: Counties: Child health email box: EL DCS. ChildHealth MWS Fax@tn.govSoot Pearthwood Ct, Counties: Child health email box: EL DCS.ChildHealth MWS Far@tn.govNortheast Counties: Child health email box: EL DCS.ChildHealth MWS Far@tn.govEast Counties: Counderson, Mornoe, Polk, Bradley, Meigs.Northeast Counties: Child health email box: EL DCS.ChildHealth MWS Far@tn.gov Far: 855-594-2621 (All Others) Far: 855-594-2621 (All Others) Fentress, Scott, Campbell, Claiborne, Union, Mornoe, Polk, Bradley, Meigs.Northeast Counties: Chil				
Child Health email box: EL DCS. ChildHealth MS Fax@tn.govEL DCS. ChildHealth MS Fax@tn.govMid-West Counties: Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houxy, Honderson, Carroll, Child health email box: EL DCS. ChildHealth MWT Fax@tn.govTennessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Bedsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie, College Park Dr. Suite, A College Park Dr. Suite, ATelephone: 931-239-2398 Putnam, White, Cumberland, Warren, Van Buren; Biedsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, Franklin, Marion, Hamilton, Sequatchie, College Park Dr. Suite, ACumberland, Warren, Warren, Van Buren Counties; Child Health email box: EL DCS. ChildHealth. WWT Fax@tn.govVilliamson, Lewis, Wayne, Lawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EL DCS. ChildHealth, MWS Fax@tn.govNortheast Counties: Child health email box; EL DCS. ChildHealth, MWS Fax@tn.govEast Counties: Child health email box: EL DCS. ChildHealth, MWS Fax@tn.govNortheast Counties: Child health email box; EL DCS. ChildHealth, MWS Fax@tn.govStowarthe, Carter, Greene, Hancok, Hawkins, Northeast Counties: Child health email box; EL DCS. ChildHealth, MS Fax@tn.govStowarthe, Carter, Greene, Hancok, Hawkins, Northeast Counties: Child health email box; EL DCS. Chil				-
EL DCS. ChildHealth MS. Fax@tn.govTennessee ValleyGottowerlie, TN 38506Mid-West Counties:225 Dr. Martin Luther King Drive Jackson, TN 38301Tennessee ValleyCookeville, TN 38506Carroll, Chester, Madison, Decatur, Benton, Robertson, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Telephone: 731-412-2035 Henry. Henderson, Carroll, Child health email box: El DCS. ChildHealth. WWT Fax@tn.gov Hardin, TN 38401 Telephone: 731-464-3100 Cumberland, Warren, Van Buren; Biedsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie, El DCS. ChildHealth. WWT Fax@tn.gov Hamilton, Sequatchie, Lawrence, Giles, Stewart.Gottowers, Franklin, Marion, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: El DCS. ChildHealth MWS Fax@tn.govSottowers, Franklin, Marion, Hamphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: El DCS. ChildHealth MWS Fax@tn.govNortheast Counties: Claiborne, Union, Knox, Morgan, Anderson, Roame, Loudon, McMinn, Mornoe, Polk, Bradley, Meigs.Northeast Counties: Grainger, Jefferson, Fax: 865-594-2621 (All Others) Fax: 865-594-2621 (All Others) <td></td> <td></td> <td></td> <td></td>				
Mid-West Counties:225 Dr. Martin Luther King Drive Jackson, TN 38301Tennessee Valley Counties: Clay, Pickett, Overton, Dekalb, 				EI DCS.ChildHealth WR Fax@th.gov
Henry, Henderson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury,Jackson, TN 38301 Telephone: 731-412-2035 Henry, Handerson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton Counties: Child health email box: EL DCS. ChildHealth WWT. Fax@tn.govCounties: Cay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,Cookeville, TN 38506 Telephone: 931-239-2398 (Cay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,Cookeville, TN 38506 Telephone: 931-239-2398 (Cay, Pickett, Overton, Dekalb, Putnam, White, Cumtes; Child health email box: EL DCS. ChildHealth WWT. Fax@tn.govCounties: Counties; Child health email box: EL DCS. ChildHealth WWT. Fax@tn.gov400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EL DCS. ChildHealth MWS Fax@tn.govNortheast Counties: Canter, Greene, Hamblen; Carter, Greene, Hamblen; <br< td=""><td>Mid West Counting</td><td></td><td>Topposeo Valler</td><td>COO Lloorthwood Ct</td></br<>	Mid West Counting		Topposeo Valler	COO Lloorthwood Ct
Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, StewartTelephone: 731-412-2035 Henty, Henderson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton Counties: EI DCS.ChildHealth WWT Fax@tn.govOverton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,Telephone: 931-239-2398 Fax: 931-646-3100Williamson, Lewis, Wayne, Lawrence, Giles, Stewart1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Grainger, Jefferson, Hamblen;S555 Plymouth Rd. Johnson City, TN 37601 Coll: 423-202-4865 Fax: 423-585-3410East Counties: Fentress, Scott, Campbell, Nortea, Loudon, McMinn, Moroe, Polk, Bradley, Meigs.2600 Western Ave. Knoxville, TN 37921 Offic: 865-394-2624 (Knox County) Fax: 865-594-2624 (Knox County		0	-	-
Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hikman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Henry, Henderson, Carroll, Counties: Counties: L DCS. Child Health email box: EL DCS. Child Health WWT Fax@tn.gov Lickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.Putnam, White, Counties: Counties: Counties: L Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EL DCS. ChildHealth MWS Fax@tn.govPutnam, White, Cumbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EL DCS. ChildHealth MWS Fax@tn.govNortheast Counties: Cumbia Cumties: Child health email box: EL DCS. ChildHealth MWS Fax@tn.govSoft Canger, Jefferson, Grainger, Jefferson, Grainger, Jefferson, Carter, Greene, Hamblen; Hancock, Hawkins, Marios, Sullivan, Unicoi, Washington.Soft Canter, Soft, Campbell, Caliborne, Union, Morgan, Anderson, Roane, Loudon, McKinn, Morroce, Polk, Bradley, Meigs.Putnam, White, Cumber and box: EL DCS. ChildHealth Email box: EL DCS. ChildH	-		-	
Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury,Chester, Montgomery, Hardin, Madison, Decatur, Benton Counties:Cumberland, Warren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren Warren, Van Buren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren Counties; Child health email box: E J DCS.ChildHealth WWT. Fax@tn.gov1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: E J DCS.ChildHealth MWS. Fax@tn.govS600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-585-3416 Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie Counties: Child health email box: E J DCS.ChildHealth MWS. Fax@tn.govNortheast Counties: Grainger, Jefferson, Grainger, Jefferson, Grainger, Jefferson, Fax: 423-585-3410Celli 423-02-4865 Fax: 423-585-3410East Counties: Catiborne, Duion, Know, Morgan, Anderson, Roane, Loudon, McMinn, Morroe, Polk, Bradley, Meigs.Soot, Campbell, Caliborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: E I DCS.childHealth ITM Fax@tn.gov Fentress, Scott, Campbell, Claiborne, Polk, Bradley, Meigs Counties: Child Health email box: E I DCS.childHealth ETS Exp@tn.gov Knox Clounty:Northeast Counties: Grainger, Jefferson, Johnson, Sul				•
Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Stewart. Lawrence, Giles, Stewart.Madison, Decatur, Benton Counties: Child health email box: ELDCS.ChildHealth WWT Fox@tn.gov Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: ELDCS.ChildHealth MWS Fox@tn.govVan Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie, Child Health email box: ELDCS.ChildHealth UTY Fox@tn.govFast Sounties: Child health email box: ELDCS.ChildHealth MWS Fox@tn.govNortheast Counties: Counties: Child health email box: ELDCS.ChildHealth MWS Fox@tn.govNortheast Counties: Counties: Child health email box: ELDCS.ChildHealth MWS Fox@tn.govFast Counties: Claiborne, Union, Knox, Morgan, Anderson, Roan, Loudon, McKlinn, Maries, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roan, Euoudon, McKlinn, Maries, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McKlinn, Monroe, Polk, Bradley, Meigs.Northeast Counties: Frames, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McKlinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: ELDCS.ChildHealth Ensibox: ELDCS.ChildHealth Ensibox: <td></td> <td></td> <td></td> <td></td>				
Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hilimanson, Lewis, Wayne, 				
Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lawrence, Giles, Stewart.Child health email box: EL DCS.ChildHealth.WWT Fax@tn.govFranklin, Marion, Hamilton, Sequatchie, Hamilton, Sequatchie, Setourner, Giles, Stewart.Child health email box: EL DCS.ChildHealth.UTV Fax@tn.govHawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104S600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-535-3416Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: El DCS.ChildHealth MWS Fax@tn.govNortheast Counties: Child health email box: El DCS.ChildHealth TV Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roare, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.2600 Western Ave. Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: El DCS.ChildHealth Box: Entress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: El DCS.ChildHealth email box: El DCS.ChildHealth email box: El DCS.ChildHealth Box: El DCS.ChildHealth email box: El DCS.ChildHealth email box: El DCS.ChildHealth El Fax@tn.govS555 Plymouth Rd. S555 Plymouth Rd. S55	Benton,			
Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart. <i>El DCS. ChildHealth UWT Fax@tn.gov</i> Hamilton, Sequatchie, <i>El DCS. ChildHealth UTV Fax@tn.gov</i> 1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104Columbia, TN 38401 Telephone: 423-415-2012 Fax: 423-585-3416Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: <i>EI DCS. ChildHealth MWS Fax@tn.gov</i> Northeast Counties: Counties: Child Health email box: <i>EI DCS. ChildHealth MWS Fax@tn.gov</i> East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Ros, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, Morgan, Anderson, Roane, Loudon, Meigs.Northeast Counties: Grainger, Jefferson, Hantblen; Fax: 865-594-2621 (All Others)2555 Plymouth Rd. Johnson City, TN 37601 Carter, Greene, Hancok, Hawkins, Johnson, Sullivan, Unicoi, Washington.Cali 423-202-4865 Fax: 423-687-8273Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: <i>El DCS. ChildHealth Elt Fax@tn.gov</i> Knox County:Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Meigs.Fortress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: <i>El DCS. ChildHealth Elt Fax@tn.gov</i> Knox County:Carter, Greene, Hancoc			-	
Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-31045600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-585-3416Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI DCS.ChildHealth MWS Fax@tn.govBledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie Counties: Child Health email box: EI DCS.ChildHealth MWS Fax@tn.govEast Counties: Fentress, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Northeast Counties: Grainger, Jefferson, Hamblen; Carter, Greene, Carter, Greene, Carter, Greene, Hancok, Alwkins, Johnson, Sullivan, Unicoi, Washington.2555 Plymouth Rd. Stev Hamblen; Carter, Greene, Grainger, Jefferson, Hamblen; Carter, Greene, Carter, Greene, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI DCS.childHealth, ET Fax@tn.gov Knox County:613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI DCS.childHealth, ET Fax@tn.gov Knox County:613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI DCS.childHealth, ET Fax@tn.gov Knox County:			Franklin, Marion,	Child Health email box:
Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.1400 College Park Dr. Suite, A Columbia, TN 384015600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 931-646-3104Kaser Signer Si	Dickson, Cheatham, Perry,	El_DCS.ChildHealth_WWT_Fax@tn.gov	Hamilton, Sequatchie,	El_DCS.ChildHealth_UTV_Fax@tn.gov
Lawrence, Giles, Stewart.Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-585-3416Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: El DCS.ChildHealth MWS Fax@tn.govChattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-585-3416East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Meigs.Sool Western Ave. Scott, Campbell, Claiborne, Union, McMinn, Morgan, Anderson, Roane, Loudon, Morroe, Polk, Bradley, Meigs Counties: Claiborne, Union, Mornoe, Polk, Bradley, Meigs.Northeast Counties: Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Noncoe, Polk, Bradley, Meigs Counties: Claiborne, Union, Mornoe, Polk, Bradley, Meigs Counties: Child Health email box: El DCS.childHealth ET Fax@tn.gov Knox County:Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, New Market, TN 37820613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273 All Northeast Counties: Child Health email box: El DCS.childHealth ET Fax@tn.gov Knox County:Fl DCS.childHealth NE Fax@tn.gov	Hickman, Maury,			
Telephone: 931-808-1544 Fax: 931-646-3104Telephone: 423-415-2012 Fax: 423-585-3416Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EL DCS.ChildHealth MWS Fax@tn.govBledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie Counties: Child Health email box: EL DCS.ChildHealth MWS Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.2600 Western Ave. Morgan, Anderson, Roane, Loudon, Mornoe, Polk, Bradley, Meigs Counties: Child Health email box: EL DCS.ChildHealth ET fax@tn.govNortheast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865 Fax: 423-585-3410 Calits Counties: Calits Counties: Child Health email box: EI DCS.ChildHealth ET fax@tn.govKinox County:Fax: 865-594-2624 (Knox County) Fax: 865	Williamson, Lewis, Wayne,	1400 College Park Dr. Suite, A		5600 Brainerd Rd. #602 C
Fax: 931-646-3104Fax: 931-646-3104Fax: 423-585-3416Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI DCS.ChildHealth MWS Fax@tn.govFax: 423-585-3416East Counties: Fentress, Child health email box: EI DCS.ChildHealth MWS Fax@tn.govKortheast Counties: Counties: Child health email box: EI DCS.ChildHealth MWS Fax@tn.govCounties: Counties: Counties: Counties: Counties: Counties: Counties: Counties: Child health email box: EI DCS.ChildHealth MWS Fax@tn.govSoft Counties: Child Health ET Fax@tn.gov Knox County:Fax: 423-585-3416Fax: 423-004 Counties: Child Health ET Fax@tn.govCounties: Counties: Counties: Child Health ET Fax@tn.govCounties: Counties: Counties: Child Health ET Fax@tn.govFax: 423-004 Counties: Child Health ET Fax@tn.govCounties: Counties: Counties: Child Health ET Fax@tn.govCounties: Counties: Counties: Counties: Counties: Counties: Count	Lawrence, Giles, Stewart.	Columbia, TN 38401		Chattanooga, TN 37411
Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI DCS.childHealth MWS Fax@tn.govBledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie Counties: Child Health email box: EI DCS.childHealth TV Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morroe, Polk, Bradley, Meigs.2600 Western Ave. Knoxville, TN 37921Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Grainger, Jefferson, Fax: 865-594-2624 (Knox County)2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865Knoxville, TN 37921Blount, Cocke, Sevier, Grainger, Jefferson, Fax: 865-594-2624 (Knox County)Blount, Cocke, Sevier, Johnson City, TN 37601 Cell: 423-202-4865Knoxville, TN 37921Carter, Greene, Hamblen; Fax: 865-594-2624 (Knox County)Hamblen; Hamblen; Fax: 423-585-3410Koane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Fentress, Scott, Campbell, Laborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI DCS.childHealth ET Fax@tn.govOffice, Washington.Kinox County:Knox County:Knox County:All Northeast Counties: Child Health email box: EI DCS.childHealth ET Fax@tn.gov		Telephone: 931-808-1544		Telephone: 423-415-2012
Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI_DCS.ChildHealth MWS_Fax@tn.govMarion, Hamilton, Sequatchie Counties: Child Health email box: EI_DCS.ChildHealth MWS_Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Sott, Campbell, Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, McKinn, Monroe, Polk, Bradley, Miegs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.govMarket, Frax@tn.gov Statter Fax@tn.govHind Health email box: EI_DCS.childHealth ET_Fax@tn.govHancock, Hawkins, Loudon, Hamilton, EI_DCS.childHealth, ET_Fax@tn.govCell 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov		Fax: 931-646-3104		Fax: 423-585-3416
Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI_DCS.ChildHealth MWS_Fax@tn.govMarion, Hamilton, Sequatchie Counties: Child Health email box: EI_DCS.ChildHealth MWS_Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Sott, Campbell, Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, McKinn, Monroe, Polk, Bradley, Miegs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.govMarket, Frax@tn.gov Statter Fax@tn.govHind Health email box: EI_DCS.childHealth ET_Fax@tn.govHancock, Hawkins, Loudon, Hamilton, EI_DCS.childHealth, ET_Fax@tn.govCell 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov		Robertson, Houston, Humphreys,		Bledsoe, Rhea, Grundy, Franklin,
Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EL DCS. ChildHealth email box: EL DCS. ChildHealth MWS Fax@tn.govCounties: Child Health email box: EL DCS. ChildHealth TV Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.2600 Western Ave. Knoxville, TN 37921Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.2555 Plymouth Rd. Cell: 423-202-4865Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273Meigs.Fentress, Scott, Campbell, Heather email box: EL DCS. ChildHealth ET Fax@tn.gov Knox County:Unicoi, Washington.Cell: 423-667-8273 AII Northeast Counties: Child Health email box: EL DCS. ChildHealth ET Fax@tn.gov				· · · · ·
Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI DCS. ChildHealth MWS Fax@tn.govChild health email box: EI DCS. ChildHealth TV Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.2600 Western Ave. Knoxville, TN 37921Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson City, TN 376012555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Garinger, Jefferson, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Fax: 423-585-3410Kinox County:Fax: 865-594-2621 (All Others) Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McKinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI DCS. ChildHealth ET Fax@tn.govNortheast Counties: Child Health ME Fax@tn.govKinox County:Knox County:Fax County:EI DCS. ChildHealth ET Fax@tn.gov				-
Stewart Counties: Child health email box: EI DCS.ChildHealth MWS Fax@tn.govEI DCS.ChildHealth TV Fax@tn.govEast Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.2600 Western Ave. Knoxville, TN 37921Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Carter, Greene,2555 Plymouth Rd. Johnson City, TN 37601Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.613 West Hwy 11-E Cell: 423-667-8273Meigs.Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI DCS.ChildHealth ET Fax@tn.govUnicoi, Washington.Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI DCS.ChildHealth ET Fax@tn.gov				
Child health email box: EI DCS.ChildHealth MWS Fax@tn.govNortheast Counties:South Rd.East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Meigs.2600 Western Ave. Knoxville, TN 37921 Office: 865-329-8879 Fax: 865-594-2624 (Knox County) Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan,Cell: 423-202-4865 Fax: 423-585-3410Monroe, Polk, Bradley, Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI DCS.ChildHealth ET Fax@tn.govNew Market, TN 37820 Cell: 423-667-8273Knox County:Knox County:Fax@tn.gov				
EIL DCS. ChildHealth MWS Fax@tn.govNortheast Counties:East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.2600 Western Ave. Knoxville, TN 37921 Office: 865-329-8879 Fax: 865-594-2624 (Knox County) Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865 Fax: 423-585-3410Morgan, Anderson, Roane, Loudon, McMinn, Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI DCS. ChildHealth ET Fax@tn.gov Knox County:Northeast Counties: Child Health ME Fax@tn.govEI DCS. ChildHealth ET Fax@tn.gov Knox County:EI DCS. ChildHealth ET Fax@tn.govEI DCS. ChildHealth NE Fax@tn.gov				
East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Meigs.2600 Western Ave. Knoxville, TN 37921Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson City, TN 37601Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.S255 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865 Fax: 423-585-3410Morgan, Anderson, Meigs.Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Grainger, Jefferson, Garter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.G13 West Hwy 11-E New Market, TN 37820Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov				
Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Meigs.Knoxville, TN 37921 Office: 865-329-8879 Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson City, TN 37601 Cell: 423-202-4865 Fax: 423-585-3410Monroe, Polk, Bradley, Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.gov Knox County:Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273All Northeast Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.gov Knox County:All Northeast Counties: EI_DCS.ChildHealth ET_Fax@tn.gov	East Counties: Fentress	_	Northeast Counties:	2555 Plymouth Rd.
Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Office: 865-329-8879 Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Cell: 423-202-4865 Fax: 423-585-3410Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Cell: 423-202-4865 Fax: 423-585-3410Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov				5
Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others)Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Fax: 423-585-3410Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Fax: 423-585-3410Korgen, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Unicoi, Washington.Fax: 423-585-3410	-			
Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.Fax: 865-594-2621 (All Others)Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.613 West Hwy 11-EMeigs.Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.613 West Hwy 11-ECarter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.New Market, TN 37820Cell: 423-667-8273All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov Knox County:Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.Cell: 423-667-8273All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.govChild Health email box: EI_DCS.childHealth NE_Fax@tn.gov			- ·	
Monroe, Polk, Bradley, Meigs.Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.govHancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273Momore, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.govUnicoi, Washington.613 West Hwy 11-E New Market, TN 37820Cell: 423-667-8273Unicoi, Washington.Cell: 423-667-8273All Northeast Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.govCell: 423-667-8273Knox County:Knox County:EI_DCS.ChildHealth NE_Fax@tn.gov	-			1 az. 423-303-3410
Meigs.Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.gov Knox County:Johnson, Sullivan, Unicoi, Washington.New Market, TN 37820 Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.childHealth ET_Fax@tn.gov				612 Wort Hung 11 F
Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.govUnicoi, Washington.Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.ChildHealth FT_Fax@tn.govKnox County:Unicoi, Washington.Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.ChildHealth FT_Fax@tn.gov	-	· · · ·		3
McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth ET_Fax@tn.gov Knox County:All Northeast Counties: Child Health email box: EI_DCS.ChildHealth NE Fax@tn.gov	weigs.	_		
Meigs Counties:Child Health email box:Child Health email box:EI DCS.ChildHealth NE Fax@tn.govEI_DCS.ChildHealth ET_Fax@tn.govKnox County:			Unicol, washington.	
Child Health email box: EI_DCS.ChildHealth_NE_Fax@tn.gov EI_DCS.ChildHealth_ET_Fax@tn.gov Knox County:		-		
<u>El DCS.ChildHealth ET Fax@tn.gov</u> Knox County:		-		
Knox County:				EI_DCS.ChildHealth_NE_Fax@tn.gov
EI_DCS.ChildHealth_KX_Fax@tn.gov_		-		
		El_DCS.ChildHealth_KX_Fax@tn.gov		

The completed form is forwarded to the appropriate DCS Health Unit

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Child's Group Home File RDA 2875 CS-0627



Name of Child:	
Date of Custody:	

Date of Birth: County of Custody: Social Security #:

Region of Custody:

This document verifies that,

, is in the legal custody of the Tennessee Department of

Children's Services. The Department of Children's Services, by virtue of the court's order granting legal custody, is authorized to consent to ordinary and/or necessary medical care.

Child/Youth

(The information below must be fully explained to the minor; minor does <u>not</u> sign form)

Routine health services may be provided while you are within the custody of the Tennessee Department of Children's Services. Examples of routine health services are: routine dental procedures including extractions, pelvic exams, blood draws and samples, immunizations, treatment of communicable disease(s), routine suturing or minor lacerations, x-rays, and other medical procedures not listed generally governed by implied consent guidelines in the community setting. If you choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent/Guardian

, understand that it may be necessary for the Tennessee Department of Children's Services ١, to provide routine health care to my child while he/she is in the custody of the Department. I understand the meaning of routine with regard to health services as generally outlined above and hereby give my permission to such care. I have also been informed that if I choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent's or Legal Guardian's Signature

Witness' Signature

Date

Date Based upon refusal of the above named minor's parent or legal guardian to consent to the routine treatment of his/her child while in custody of the Department of Children's Services or because, after diligent efforts to locate, the parent or legal guardian cannot be located, the Department of Children's Services due to its rights and responsibilities as legal custodian is authorized to consent to ordinary and/or necessary medical care and/or treatment.





Department of Children's Services
Children's Services

efills
-

Signature #2

By signing below you are agreeing that all medications and counts are accurate as listed				
Signature of Person releasing medications	Date			
Signature of Transport Person	Date			
Signature of Person or Parent/Guardian receiving medication	Date			

Medication has been sealed by medical staff and is being released to parent/guardian. By signing below you are agreeing that you are receiving sealed medications

Signature of parent/guardian receiving sealed medication

Date

Note: Some medication may not be in "child proof" containers. Please keep all medications out of the reach of children.

Youth released from a *Youth Development Center* may receive a one month supply of prescription medication sent directly from the pharmacy via UPS. Please check the medication you receive to make sure the type of medication and the dose is correct. Report any errors directly to the pharmacy.

In case of questions, please contact:

Sending Staff/Facility/FSW

Phone



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

Distribution: *Child/Youth Record* CS-0813 Rev: 06/15



INSTRUCTIONS FOR USE OF FORM

Please use this form when medication is sent with a child/youth to a new placement or to home.

- 1. Fill in the child's name, date of birth and the date the form is completed.
- 2. List the names of the medications and dosages being released, instructions on how and when they should be taken, the number of pills or number of bottles for liquids, or number of tubes for creams/ointments being sent.
- 3. Fill in the name of the person who collected and counted the medications.
- 4. If the medication is sealed in a container or envelope, two people must witness and sign their names by signature #1 and #2 lines. If the medication is not sealed, check the box.
- In the next box, the person releasing the medication signs and dates the form. Then the transporting person (if applicable) signs and dates the form. Finally the person receiving the medication signs and dates the form. The signatures mean the medication(s) and count(s) are correct.
- 6. If there are discrepancies in the medication count, the FSW, Regional Administrator or designee, YDC superintendent or designee (if appropriate), and the sending staff/facility must be notified immediately.
- 7. The FSW or a staff member from the sending placement fills in their name and telephone number in case there are questions or discrepancies.
- 8. The new placement should keep a copy of the form and a duplicate copy should be returned to the sending facility or FSW.







Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information <u>TO</u> the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				<mark>Mid</mark>	<mark>dle</mark>	
Other Le	gal Names:										
<mark>Address</mark>											
City						<mark>State</mark>			<mark>Zip Co</mark>	<mark>de</mark>	
<mark>SSN</mark>			DOB			Mal	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Ce	11					Home			Work	
This form	's expiration da	<mark>ite is:</mark>		Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.							

Name of Provider/School/Entity Releasing Information TO DCS:

Type of Information Requested (check ONLY one) You must hand write/type in specific informatio	n being requested.			
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:				
 Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abust results. Does not apply to employees or volunteers. Specific Information Requested: 	e treatment records, and any associated test			
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Doe</i> . Specific Information Requested:	s not apply to employees or volunteers.			
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:				
5. Employment Records Specific Information Requested:				
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:				
7. Other Specific Information Requested:				
Purpose of the Requested Release/Disclosure: Check all that apply: Arrange/Access Services CPS Investigation Juvenile Cour Other:	t Case			
One Signature Required:				
Signature: Date:				
OR				
Signature of Authorized Representative*: Date: Date:				
*Authorized Representative means you have legal proof you can act for this person.				
Check the "Forms" Webpage for the current version and disregard previous versions. This form may r	not be altered without prior approval.			



A. AUTHORIZATION FOR RELEASE TO DCS

any representative of the Tennessee Department of Children's Servinformation deemed to be confidential. I hereby direct you as an i	ndividual or agency to release this information upon request of said ad understanding that the information released is for the official use of			
the Tenn. Code Annotated; the federal Health Insurance Portability of Federal Regulations (CFR) Parts 160 and 164; and the federal Con regulations at 42 CFR Part 2. My signature indicates I have received	ease. I understand I may revoke this authorization in writing at any			
HIPAA Authorization for Release of Protected Health Inforn	ation:			
I hereby authorize the use or disclosure of my individually i				
	(2) If the person or organization authorized to receive the			
-	released information may no longer be protected by federal			
	gibility for health care, or the payment for my health care will			
	ppy the information described on this form if I ask for it, and I			
get a copy of this form after I sign it. (5) I may revoke this a				
person/organization(s) in writing, but if I do it won't have any effect on actions taken before the revocation was received.				
(6) Any release made in reliance on this authorization prior to receiving revocation of the release shall not constitute a				
violation of HIPAA or my confidentiality rights.	Ũ			
I have read this section OR	This section was read to me			
Initial	Initial Initial			
If the individual who is the subject of the information requ				
Legal Guardian Must Sign This Release, EXCEPTION: Release	of records under category number 2 for a minor age 16 or			

Legal Guardian Must Sign This Release. <u>EXCEPTION:</u> Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

One signature required:

Print Name

Signature

Date

OR

Name of Authorized Representative (Print)		Signature of Authorized Representative		Date
Signer's Relationship to client and auth	ority to release confidential	Se 🗌	lf 🗌 Parent 🗌 Legal Gu	uardian*
information		Le	gal Custodian*	
Conservator*] Personal Representative fo	r HIPAA*	Other*, specify:	
*Proof of authority to release information, such as a court order or Power of Attorney document, must be provided				

Proof of authority to release information, such as a court order or Power of Attorney accument, must be providea.

Name of Witness (Print)

Signature of Witness

Date

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

Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information FROM the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				Mid	dle		
Other Le	Other Legal Names:											
<mark>Address</mark>												
City	y l					State Z			<mark>Zip Co</mark>	Zip Code		
<mark>SSN</mark>			DOB			🗌 <mark>Ma</mark>	e 🗌 Fe	male				
Telephon	<mark>ie Numbers</mark> : Cel	I					Home			Work		
This form's expiration date is:					Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.							

Name of Provider/School/Entity Receiving Information FROM DCS:

Type of Information Requested (check ONLY one) You must hand write in specific information be	ing requested.					
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:						
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:						
3. Omega Medical records, including examinations, laboratory tests, and prescribed treatments. Does not apply to employees or volunteers. Specific Information Requested:						
 Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested: 						
5. Employment Records Specific Information Requested:						
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:						
7. Other Specific Information Requested:						
Purpose of the Requested Release/Disclosure: Check all that apply:						
One Signature Required:						
Signature:	Date:					
OR						
Signature of Authorized Representative*:	Date:					
*Authorized Representative means you have legal proof you can act for this person.						

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

Distribution: Original Child's case File

B <u>AUTHORIZATION FOR DCS FROM RELEASE</u>								
I, hereby authorize the Tennessee Department of Children's Services to								
release the information specified on page 1, to the person/entity specified on page 1B.								
I understand that there are laws and regulations protecting the conf the Tenn. Code Annotated; the federal Health Insurance Portability a of Federal Regulations (CFR) Parts 160 and 164; and the federal Confi regulations at 42 CFR Part 2. My signature indicates I have received a release of records or information as specified on page 1B of this relea- time, but it will not affect disclosures already made in reliance on the	and Accountability Act of 1996 (HIPAA) and its regulations dentiality of Alcohol and Substance Abuse Patient Record a copy of this authorization. I hereby request and author ase. I understand I may revoke this authorization in writi	s at 45 Code ds and its ize the ing at any						
HIPAA Authorization for Release of Protected Health Informa	ation:							
I hereby authorize the use or disclosure of my individually id	entifiable health information as described above.							
understand the following: (1) This authorization is voluntary. information is not a health plan or health care provider the r	• •							
privacy regulations. (3) My ability to receive health care, eligi		-						
not be affected if I do not sign this form. (4) I may see and co		or it, and I						
get a copy of this form after I sign it. (5) I may revoke this aut person/organization(s) in writing, but if I do it won't have any		s received.						
(6) Any release made in reliance on this authorization prior to	•							
violation of HIPAA or my confidentiality rights. I have read this section OR	This section was read to me							
Initial	Initial							
If the individual who is the subject of the information reques Legal Guardian Must Sign This Release. <u>EXCEPTION</u> : Release of older, requires the signature of that minor. Release of record regardless of age, if the youth consented to the health care in	of records under category number 2 for a minor age ds under categories 2 and 3 should be signed by the	e 16 or e youth,						
One signature required:								
Print Name	Signature Date							
OR								
Name of Authorized Representative (Print)	Signature of Authorized Representative	Date						
Signer's Relationship to client and authority to release confid information	Legal Custodian*	an*						
Conservator*								
*Proof of authority to release information, such as a court orde	r or Power of Attorney accument, must be provided.							
Name of Witness (Print)	Signature of Witness	<mark>Date</mark>						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information <u>TO</u> the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				<mark>Mid</mark>	<mark>dle</mark>	
Other Le	Other Legal Names:										
<mark>Address</mark>											
City	ity					<mark>State</mark>	State Z			<mark>de</mark>	
<mark>SSN</mark>			DOB			Mal	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Ce	11					Home			Work	
					Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.						

Name of Provider/School/Entity Releasing Information TO DCS:

Type of Information Requested (check ONLY one) You must hand write/type in specific informatio	n being requested.						
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:							
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:							
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Does not apply to employees or volunteers</i> . Specific Information Requested:							
 Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested: 							
5. Employment Records Specific Information Requested:							
 Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested: 							
7. Other Specific Information Requested:							
Purpose of the Requested Release/Disclosure: Check all that apply:							
One Signature Required:							
Signature: Date:							
OR							
Signature of Authorized Representative*: Date: Date:							
*Authorized Representative means you have legal proof you can act for this person.							
Check the "Forms" Webpage for the current version and disregard previous versions. This form may r	not be altered without prior approval.						



A. AUTHORIZATION FOR RELEASE TO DCS

any representative of the Tennessee Department of Children's Servinformation deemed to be confidential. I hereby direct you as an i	ndividual or agency to release this information upon request of said ad understanding that the information released is for the official use of
the Tenn. Code Annotated; the federal Health Insurance Portability of Federal Regulations (CFR) Parts 160 and 164; and the federal Con regulations at 42 CFR Part 2. My signature indicates I have received	ease. I understand I may revoke this authorization in writing at any
HIPAA Authorization for Release of Protected Health Inforn	ation:
I hereby authorize the use or disclosure of my individually i	
	(2) If the person or organization authorized to receive the
-	released information may no longer be protected by federal
	gibility for health care, or the payment for my health care will
	ppy the information described on this form if I ask for it, and I
get a copy of this form after I sign it. (5) I may revoke this a	
	y effect on actions taken before the revocation was received.
(6) Any release made in reliance on this authorization prior	
violation of HIPAA or my confidentiality rights.	Ũ
I have read this section OR	This section was read to me
Initial	Initial Initial
If the individual who is the subject of the information requ	
Legal Guardian Must Sign This Release, EXCEPTION: Release	of records under category number 2 for a minor age 16 or

Legal Guardian Must Sign This Release. <u>EXCEPTION:</u> Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

One signature required:

Print Name

Signature

Date

OR

Name of Authorized Representative (Print) Sig	nature of Author	Date				
Signer's Relationship to client and auth	ority to release confidential	Se 🗌	lf 🗌 Parent 🗌 Legal Gu	uardian*			
information		Le	gal Custodian*				
Conservator*] Personal Representative fo	r HIPAA*	Other*, specify:				
*Proof of authority to release information, such as a court order or Power of Attorney document, must be provided							

Proof of authority to release information, such as a court order or Power of Attorney accument, must be providea.

Name of Witness (Print)

Signature of Witness

Date

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

Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information FROM the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				Mid	dle		
Other Le	Other Legal Names:											
<mark>Address</mark>												
City	y l					State Z			<mark>Zip Co</mark>	Zip Code		
<mark>SSN</mark>			DOB			🗌 <mark>Ma</mark>	e 🗌 Fe	male				
Telephon	<mark>ie Numbers</mark> : Cel	I					Home			Work		
This form's expiration date is:					Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.							

Name of Provider/School/Entity Receiving Information FROM DCS:

Type of Information Requested (check ONLY one) You must hand write in specific information be	ing requested.					
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:						
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:						
3. Omega Medical records, including examinations, laboratory tests, and prescribed treatments. Does not apply to employees or volunteers. Specific Information Requested:						
 Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested: 						
5. Employment Records Specific Information Requested:						
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:						
7. Other Specific Information Requested:						
Purpose of the Requested Release/Disclosure: Check all that apply:						
One Signature Required:						
Signature:	Date:					
OR						
Signature of Authorized Representative*:	Date:					
*Authorized Representative means you have legal proof you can act for this person.						

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

Distribution: Original Child's case File

B <u>AUTHORIZATION FOR DCS FROM RELEASE</u>								
I, hereby authorize the Tennessee Department of Children's Services to								
release the information specified on page 1, to the person/entity specified on page 1B.								
I understand that there are laws and regulations protecting the conf the Tenn. Code Annotated; the federal Health Insurance Portability a of Federal Regulations (CFR) Parts 160 and 164; and the federal Confi regulations at 42 CFR Part 2. My signature indicates I have received a release of records or information as specified on page 1B of this relea- time, but it will not affect disclosures already made in reliance on the	and Accountability Act of 1996 (HIPAA) and its regulations dentiality of Alcohol and Substance Abuse Patient Record a copy of this authorization. I hereby request and author ase. I understand I may revoke this authorization in writi	s at 45 Code ds and its ize the ing at any						
HIPAA Authorization for Release of Protected Health Informa	ation:							
I hereby authorize the use or disclosure of my individually id	entifiable health information as described above.							
understand the following: (1) This authorization is voluntary. information is not a health plan or health care provider the r	• •							
privacy regulations. (3) My ability to receive health care, eligi		-						
not be affected if I do not sign this form. (4) I may see and co		or it, and I						
get a copy of this form after I sign it. (5) I may revoke this aut person/organization(s) in writing, but if I do it won't have any		s received.						
(6) Any release made in reliance on this authorization prior to	•							
violation of HIPAA or my confidentiality rights. I have read this section OR	This section was read to me							
Initial	Initial							
If the individual who is the subject of the information reques Legal Guardian Must Sign This Release. <u>EXCEPTION</u> : Release of older, requires the signature of that minor. Release of record regardless of age, if the youth consented to the health care in	of records under category number 2 for a minor age ds under categories 2 and 3 should be signed by the	e 16 or e youth,						
One signature required:								
Print Name	Signature Date							
OR								
Name of Authorized Representative (Print)	Signature of Authorized Representative	Date						
Signer's Relationship to client and authority to release confid information	Legal Custodian*	an*						
Conservator*								
*Proof of authority to release information, such as a court orde	r or Power of Attorney accument, must be provided.							
Name of Witness (Print)	Signature of Witness	<mark>Date</mark>						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information <u>TO</u> the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				<mark>Mid</mark>	<mark>dle</mark>	
Other Le	Other Legal Names:										
<mark>Address</mark>											
City	ity					<mark>State</mark>	State Z			<mark>de</mark>	
<mark>SSN</mark>			DOB			Mal	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Ce	11					Home			Work	
					Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.						

Name of Provider/School/Entity Releasing Information TO DCS:

Type of Information Requested (check ONLY one) You must hand write/type in specific informatio	n being requested.						
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:							
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:							
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Does not apply to employees or volunteers</i> . Specific Information Requested:							
 Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested: 							
5. Employment Records Specific Information Requested:							
 Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested: 							
7. Other Specific Information Requested:							
Purpose of the Requested Release/Disclosure: Check all that apply:							
One Signature Required:							
Signature: Date:							
OR							
Signature of Authorized Representative*: Date: Date:							
*Authorized Representative means you have legal proof you can act for this person.							
Check the "Forms" Webpage for the current version and disregard previous versions. This form may r	not be altered without prior approval.						



A. AUTHORIZATION FOR RELEASE TO DCS

□ I, □ I, □ IIIIIIIIIIIIIIIIIIIIIIIIIII								
I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 1A of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.								
HIPAA Authorization for Release of Protected Health Inforn	ation:							
I hereby authorize the use or disclosure of my individually i								
	(2) If the person or organization authorized to receive the							
-	released information may no longer be protected by federal							
	gibility for health care, or the payment for my health care will							
	ppy the information described on this form if I ask for it, and I							
get a copy of this form after I sign it. (5) I may revoke this a								
person/organization(s) in writing, but if I do it won't have any effect on actions taken before the revocation was received.								
(6) Any release made in reliance on this authorization prior to receiving revocation of the release shall not constitute a								
violation of HIPAA or my confidentiality rights.	Ũ							
I have read this section OR	This section was read to me							
Initial	Initial Initial							
	If the individual who is the subject of the information requested is a Child Under the Age of 18, the Child's Parent(s) or							
legal Guardian Must Sign This Release FXCEPTION: Release of records under category number 2 for a minor age 16 or								

Legal Guardian Must Sign This Release. <u>EXCEPTION:</u> Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

One signature required:

Print Name

Signature

Date

OR

Name of Authorized Representative (Print) Sig	nature of Author	ized Representative	Date		
Signer's Relationship to client and auth	ority to release confidential	Se 🗌	lf 🗌 Parent 🗌 Legal Gu	uardian*		
information		Le	gal Custodian*			
Conservator*] Personal Representative fo	r HIPAA*	Other*, specify:			
*Proof of authority to release information such as a court order or Power of Attorney document must be provided						

Proof of authority to release information, such as a court order or Power of Attorney accument, must be providea.

Name of Witness (Print)

Signature of Witness

Date

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

Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information FROM the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				Mid	dle	
Other Le	Other Legal Names:										
<mark>Address</mark>	Address										
City						<mark>State</mark>			<mark>Zip Co</mark>	<mark>de</mark>	
<mark>SSN</mark>			DOB			🗌 <mark>Ma</mark>	e 🗌 Fe	male			
Telephone Numbers: Cell				Home			Work				
<mark>This form</mark>	's expiration dat	<mark>te is:</mark>			1	Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.					

Name of Provider/School/Entity Receiving Information FROM DCS:

Type of Information Requested (check ONLY one) You must hand write in specific information be	ing requested.					
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:						
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:						
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Does not apply to employees or volunteers</i> . Specific Information Requested:						
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:						
5. Employment Records Specific Information Requested:						
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:						
7. Other Specific Information Requested:						
Purpose of the Requested Release/Disclosure: Check all that apply:						
One Signature Required:						
Signature:	Date:					
OR						
Signature of Authorized Representative*:	Date:					
*Authorized Representative means you have legal proof you can act for this person.						

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

Distribution: Original Child's case File

B <u>AUTHORIZATION FOR DCS FROM RELEASE</u>		
	the Tennessee Department of Children's Services to	
release the information specified on page 1, to the person/entity	y specified on page 1B.	
I understand that there are laws and regulations protecting the conf the Tenn. Code Annotated; the federal Health Insurance Portability a of Federal Regulations (CFR) Parts 160 and 164; and the federal Confi regulations at 42 CFR Part 2. My signature indicates I have received a release of records or information as specified on page 1B of this relea- time, but it will not affect disclosures already made in reliance on the	and Accountability Act of 1996 (HIPAA) and its regulations dentiality of Alcohol and Substance Abuse Patient Record a copy of this authorization. I hereby request and author ase. I understand I may revoke this authorization in writi	s at 45 Code ds and its ize the ing at any
HIPAA Authorization for Release of Protected Health Informa	ation:	
I hereby authorize the use or disclosure of my individually id	entifiable health information as described above.	
understand the following: (1) This authorization is voluntary. information is not a health plan or health care provider the r	• •	
privacy regulations. (3) My ability to receive health care, eligi		-
not be affected if I do not sign this form. (4) I may see and co		or it, and I
get a copy of this form after I sign it. (5) I may revoke this aut person/organization(s) in writing, but if I do it won't have any		s received.
(6) Any release made in reliance on this authorization prior to	•	
violation of HIPAA or my confidentiality rights. I have read this section OR	This section was read to me	
Initial	Initial	
If the individual who is the subject of the information reques Legal Guardian Must Sign This Release. <u>EXCEPTION</u> : Release of older, requires the signature of that minor. Release of record regardless of age, if the youth consented to the health care in	of records under category number 2 for a minor age ds under categories 2 and 3 should be signed by the	e 16 or e youth,
One signature required:		
Print Name	Signature Date	
OR		
Name of Authorized Representative (Print)	Signature of Authorized Representative	Date
Signer's Relationship to client and authority to release confid information	Legal Custodian*	an*
Conservator*		
*Proof of authority to release information, such as a court orde	r or Power of Attorney accument, must be provided.	
Name of Witness (Print)	Signature of Witness	<mark>Date</mark>

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information <u>TO</u> the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				<mark>Mid</mark>	<mark>dle</mark>	
Other Le	Other Legal Names:										
<mark>Address</mark>											
City					<mark>State</mark>			<mark>Zip Co</mark>	<mark>de</mark>		
<mark>SSN</mark>			DOB			Mal	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Ce	11					Home			Work	
This form	's expiration da	<mark>ite is:</mark>			1	Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.					

Name of Provider/School/Entity Releasing Information TO DCS:

Type of Information Requested (check ONLY one) You must hand write/type in specific informatio	n being requested.					
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:						
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:						
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Does not apply to employees or volunteers</i> . Specific Information Requested:						
 Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested: 						
5. Employment Records Specific Information Requested:						
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:						
7. Other Specific Information Requested:						
Purpose of the Requested Release/Disclosure: Check all that apply: Arrange/Access Services Content Description Dther:						
One Signature Required:						
Signature:	Date:					
OR						
Signature of Authorized Representative*:	Date:					
*Authorized Representative means you have legal proof you can act for this person.						
Check the "Forms" Webpage for the current version and disregard previous versions. This form may r	not be altered without prior approval.					



A. AUTHORIZATION FOR RELEASE TO DCS

□ I, □ I, □ IIIIIIIIIIIIIIIIIIIIIIIIIII								
I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 1A of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.								
HIPAA Authorization for Release of Protected Health Inforn	ation:							
I hereby authorize the use or disclosure of my individually i								
	(2) If the person or organization authorized to receive the							
-	released information may no longer be protected by federal							
	gibility for health care, or the payment for my health care will							
	ppy the information described on this form if I ask for it, and I							
get a copy of this form after I sign it. (5) I may revoke this a								
person/organization(s) in writing, but if I do it won't have any effect on actions taken before the revocation was received.								
(6) Any release made in reliance on this authorization prior to receiving revocation of the release shall not constitute a								
violation of HIPAA or my confidentiality rights.	Ũ							
I have read this section OR	This section was read to me							
Initial	Initial Initial							
	If the individual who is the subject of the information requested is a Child Under the Age of 18, the Child's Parent(s) or							
legal Guardian Must Sign This Release FXCEPTION: Release of records under category number 2 for a minor age 16 or								

Legal Guardian Must Sign This Release. <u>EXCEPTION:</u> Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

One signature required:

Print Name

Signature

Date

OR

Name of Authorized Representative (Print) Sig	nature of Author	ized Representative	Date		
Signer's Relationship to client and auth	ority to release confidential	Se 🗌	lf 🗌 Parent 🗌 Legal Gu	uardian*		
information		Le	gal Custodian*			
Conservator*] Personal Representative fo	r HIPAA*	Other*, specify:			
*Proof of authority to release information such as a court order or Power of Attorney document must be provided						

Proof of authority to release information, such as a court order or Power of Attorney accument, must be providea.

Name of Witness (Print)

Signature of Witness

Date

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

Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information FROM the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>					<mark>First</mark>				Mid	dle	
Other Le	Other Legal Names:										
<mark>Address</mark>	Address										
City						<mark>State</mark>			<mark>Zip Co</mark>	<mark>de</mark>	
<mark>SSN</mark>			DOB			🗌 <mark>Ma</mark>	e 🗌 Fe	male			
Telephone Numbers: Cell				Home			Work				
<mark>This form</mark>	's expiration dat	<mark>te is:</mark>			1	Date not to exceed one year from date of signature on this form. The expiration date should be 90 days from the date of signature if making a onetime request.					

Name of Provider/School/Entity Receiving Information FROM DCS:

Type of Information Requested (check ONLY one) You must hand write in specific information be	ing requested.					
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:						
2. Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. Does not apply to employees or volunteers. Specific Information Requested:						
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Does not apply to employees or volunteers</i> . Specific Information Requested:						
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:						
5. Employment Records Specific Information Requested:						
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:						
7. Other Specific Information Requested:						
Purpose of the Requested Release/Disclosure: Check all that apply:						
One Signature Required:						
Signature:	Date:					
OR						
Signature of Authorized Representative*:	Date:					
*Authorized Representative means you have legal proof you can act for this person.						

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

Distribution: Original Child's case File

B <u>AUTHORIZATION FOR DCS FROM RELEASE</u>		
	the Tennessee Department of Children's Services to	
release the information specified on page 1, to the person/entity	y specified on page 1B.	
I understand that there are laws and regulations protecting the conf the Tenn. Code Annotated; the federal Health Insurance Portability a of Federal Regulations (CFR) Parts 160 and 164; and the federal Confi regulations at 42 CFR Part 2. My signature indicates I have received a release of records or information as specified on page 1B of this relea- time, but it will not affect disclosures already made in reliance on the	and Accountability Act of 1996 (HIPAA) and its regulations dentiality of Alcohol and Substance Abuse Patient Record a copy of this authorization. I hereby request and author ase. I understand I may revoke this authorization in writi	s at 45 Code ds and its ize the ing at any
HIPAA Authorization for Release of Protected Health Informa	ation:	
I hereby authorize the use or disclosure of my individually id	entifiable health information as described above.	
understand the following: (1) This authorization is voluntary. information is not a health plan or health care provider the r	• •	
privacy regulations. (3) My ability to receive health care, eligi		-
not be affected if I do not sign this form. (4) I may see and co		or it, and I
get a copy of this form after I sign it. (5) I may revoke this aut person/organization(s) in writing, but if I do it won't have any		s received.
(6) Any release made in reliance on this authorization prior to	•	
violation of HIPAA or my confidentiality rights. I have read this section OR	This section was read to me	
Initial	Initial	
If the individual who is the subject of the information reques Legal Guardian Must Sign This Release. <u>EXCEPTION</u> : Release of older, requires the signature of that minor. Release of record regardless of age, if the youth consented to the health care in	of records under category number 2 for a minor age ds under categories 2 and 3 should be signed by the	e 16 or e youth,
One signature required:		
Print Name	Signature Date	
OR		
Name of Authorized Representative (Print)	Signature of Authorized Representative	Date
Signer's Relationship to client and authority to release confid information	Legal Custodian*	an*
Conservator*		
*Proof of authority to release information, such as a court orde	r or Power of Attorney accument, must be provided.	
Name of Witness (Print)	Signature of Witness	<mark>Date</mark>

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information <u>TO</u> the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>				<mark>First</mark>				<mark>Mid</mark>	<mark>dle</mark>	
Other Le	gal Names:									
<mark>Address</mark>										
City					<mark>State</mark>			<mark>Zip Co</mark>	<mark>de</mark>	
<mark>SSN</mark>			DOB		Mal	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Ce	11				Home			Work	
This form	's expiration da	<mark>ite is:</mark>		1		ion dat	ceed one year from date e should be 90 days from est.	•		

Name of Provider/School/Entity Releasing Information TO DCS:

Type of Information Requested (check ONLY one) You must hand write/type in specific informatio	n being requested.
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:	
 Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abust results. Does not apply to employees or volunteers. Specific Information Requested: 	e treatment records, and any associated test
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Doe</i> . Specific Information Requested:	s not apply to employees or volunteers.
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:	
5. Employment Records Specific Information Requested:	
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:	
7. Other Specific Information Requested:	
Purpose of the Requested Release/Disclosure: Check all that apply: Arrange/Access Services CPS Investigation Juvenile Cour Other:	t Case
One Signature Required:	
Signature:	Date:
OR	
Signature of Authorized Representative*:	Date:
*Authorized Representative means you have legal proof you can act for this person.	
Check the "Forms" Webpage for the current version and disregard previous versions. This form may r	not be altered without prior approval.



A. AUTHORIZATION FOR RELEASE TO DCS

any representative of the Tennessee Department of Children's Servinformation deemed to be confidential. I hereby direct you as an i	ndividual or agency to release this information upon request of said ad understanding that the information released is for the official use of
the Tenn. Code Annotated; the federal Health Insurance Portability of Federal Regulations (CFR) Parts 160 and 164; and the federal Con regulations at 42 CFR Part 2. My signature indicates I have received	ease. I understand I may revoke this authorization in writing at any
HIPAA Authorization for Release of Protected Health Inforn	ation:
I hereby authorize the use or disclosure of my individually i	
	(2) If the person or organization authorized to receive the
-	released information may no longer be protected by federal
	gibility for health care, or the payment for my health care will
	ppy the information described on this form if I ask for it, and I
get a copy of this form after I sign it. (5) I may revoke this a	
	y effect on actions taken before the revocation was received.
(6) Any release made in reliance on this authorization prior	
violation of HIPAA or my confidentiality rights.	Ũ
I have read this section OR	This section was read to me
Initial	Initial Initial
If the individual who is the subject of the information requ	
Legal Guardian Must Sign This Release, EXCEPTION: Release	of records under category number 2 for a minor age 16 or

Legal Guardian Must Sign This Release. <u>EXCEPTION:</u> Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

One signature required:

Print Name

Signature

Date

OR

Name of Authorized Representative (Print) Sig	nature of Author	Date	
Signer's Relationship to client and auth	ority to release confidential	Se 🗌	lf 🗌 Parent 🗌 Legal Gu	uardian*
information		Le	gal Custodian*	
Conservator*] Personal Representative fo	r HIPAA*	Other*, specify:	
*Proof of authority to release information	on such as a court order or Po	ver of Attorney	document must be provi	ded.

Proof of authority to release information, such as a court order or Power of Attorney accument, must be providea.

Name of Witness (Print)

Signature of Witness

Date

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

Distribution: Original Child's case File





Tennessee Department of Children's Services Authorization for Release of Information and HIPAA Protected Health Information FROM the Department of Children's Services and Notification of Release

This information refers the in the individual whose information is being released.

Name: <mark>Last</mark>				<mark>First</mark>				Mid	dle	
Other Le	gal Names:									
<mark>Address</mark>										
City					<mark>State</mark>			<mark>Zip Co</mark>	<mark>de</mark>	
<mark>SSN</mark>			DOB		🗌 <mark>Ma</mark>	e 🗌 Fe	male			
Telephon	<mark>ie Numbers</mark> : Cel	I				Home			Work	
<mark>This form</mark>	's expiration dat	<mark>te is:</mark>		1	expira		ceed one year from date e should be 90 days from est.	•		

Name of Provider/School/Entity Receiving Information FROM DCS:

Type of Information Requested (check ONLY one) You must hand write in specific information be	ing requested.
1. Education records, including transcripts, GED, TCAP, Special Education Specific Information Requested:	
 Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abus results. Does not apply to employees or volunteers. Specific Information Requested: 	se treatment records, and any associated test
3. Medical records, including examinations, laboratory tests, and prescribed treatments. <i>Doe Specific Information Requested</i> :	es not apply to employees or volunteers.
4. Background/Criminal History Checks, including Polygraph, and Fingerprint Results Specific Information Requested:	
5. Employment Records Specific Information Requested:	
6. Personal Finance/Credit History/Insurance Records (as applicable) Specific Information Requested:	
7. Other Specific Information Requested:	
Purpose of the Requested Release/Disclosure: Check all that apply:	
One Signature Required:	
Signature:	Date:
OR	
Signature of Authorized Representative*:	Date:
*Authorized Representative means you have legal proof you can act for this person.	

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

Distribution: Original Child's case File

B <u>AUTHORIZATION FOR DCS FROM RELEASE</u>		
	the Tennessee Department of Children's Services to	
release the information specified on page 1, to the person/entity	y specified on page 1B.	
I understand that there are laws and regulations protecting the conf the Tenn. Code Annotated; the federal Health Insurance Portability a of Federal Regulations (CFR) Parts 160 and 164; and the federal Confi regulations at 42 CFR Part 2. My signature indicates I have received a release of records or information as specified on page 1B of this relea- time, but it will not affect disclosures already made in reliance on the	and Accountability Act of 1996 (HIPAA) and its regulations dentiality of Alcohol and Substance Abuse Patient Record a copy of this authorization. I hereby request and author ase. I understand I may revoke this authorization in writi	s at 45 Code ds and its ize the ing at any
HIPAA Authorization for Release of Protected Health Informa	ation:	
I hereby authorize the use or disclosure of my individually id	entifiable health information as described above.	
understand the following: (1) This authorization is voluntary. information is not a health plan or health care provider the r	• •	
privacy regulations. (3) My ability to receive health care, eligi		-
not be affected if I do not sign this form. (4) I may see and co		or it, and I
get a copy of this form after I sign it. (5) I may revoke this aut person/organization(s) in writing, but if I do it won't have any		s received.
(6) Any release made in reliance on this authorization prior to	•	
violation of HIPAA or my confidentiality rights. I have read this section OR	This section was read to me	
Initial	Initial	
If the individual who is the subject of the information reques Legal Guardian Must Sign This Release. <u>EXCEPTION</u> : Release of older, requires the signature of that minor. Release of record regardless of age, if the youth consented to the health care in	of records under category number 2 for a minor age ds under categories 2 and 3 should be signed by the	e 16 or e youth,
One signature required:		
Print Name	Signature Date	
OR		
Name of Authorized Representative (Print)	Signature of Authorized Representative	Date
Signer's Relationship to client and authority to release confid information	Legal Custodian*	an*
Conservator*		
*Proof of authority to release information, such as a court orde	r or Power of Attorney accument, must be provided.	
Name of Witness (Print)	Signature of Witness	<mark>Date</mark>

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original Child's case File





I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst	t Middle										
Address																
City						Stat	e				Zip C	ode				
SSN			DOB			Place of Birth						🗌 Male 🔲 Female				
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell () -				
This form is e	effective	from:	Date:					to	Dat	te:						
Date not to	exceed	one year from beg	in date.													
Signature:										D	ate:					
c .	6 A . I.	·	- H -													
Signature of	f Author	ized Representativ	/e*:													
Witness:											Date	:				
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not		
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *				
_		requested Inform			Γ	_				ion could not be						
Reason																
Information	n release	d by									Dat	e				
DCS Contact	t Person								Tel	lephone Number	r	()	-		
DCS Office A	Address											•				
		·														
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:			
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								D	ate:			
2 00 50011 W			y	··												
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval		
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.		



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst	t Middle										
Address																
City						Stat	e				Zip C	ode				
SSN			DOB			Place of Birth						🗌 Male 🔲 Female				
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell () -				
This form is e	effective	from:	Date:					to	Dat	te:						
Date not to	exceed	one year from beg	in date.													
Signature:										D	ate:					
c .	6 A . I.	·	- H -													
Signature of	f Author	ized Representativ	/e*:													
Witness:											Date	:				
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not		
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *				
_		requested Inform			Γ	_				ion could not be						
Reason																
Information	n release	d by									Dat	e				
DCS Contact	t Person								Tel	lephone Number	r	()	-		
DCS Office A	Address											•				
		·														
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:			
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								р	ate:			
2 00 50011 W			y	··												
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval		
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.		



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst	t Middle										
Address																
City						Stat	e				Zip C	ode				
SSN			DOB			Place of Birth						🗌 Male 🔲 Female				
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell () -				
This form is e	effective	from:	Date:					to	Dat	te:						
Date not to	exceed	one year from beg	in date.													
Signature:										D	ate:					
c .	6 A . I.	·	- H -													
Signature of	f Author	ized Representativ	/e*:													
Witness:											Date	:				
		ntative means you					r this	perso	n. A re	presentative sign	s for	an applica	int wh	o may or may not		
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *				
_		requested Inform			Γ	_				ion could not be						
Reason																
Information	n release	d by									Dat	e				
DCS Contact	t Person								Tel	lephone Number	r	()	-		
DCS Office A	Address											•				
		·														
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:			
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								D	ate:			
2 00 50011 W			y	··												
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval		
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.		



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst	t Middle										
Address																
City						Stat	e				Zip C	ode				
SSN			DOB			Place of Birth						🗌 Male 🔲 Female				
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell () -				
This form is e	effective	from:	Date:					to	Dat	te:						
Date not to	exceed	one year from beg	in date.													
Signature:										D	ate:					
c .	6 A . I.	·	- H -													
Signature of	f Author	ized Representativ	/e*:													
Witness:											Date	:				
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not		
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *				
_		requested Inform			Γ	_				ion could not be						
Reason																
Information	n release	d by									Dat	e				
DCS Contact	t Person								Tel	lephone Number	r	()	-		
DCS Office A	Address											•				
		·														
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:			
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								D	ate:			
2 00 50011 W			y	··												
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval		
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.		



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst	t Middle										
Address																
City						Stat	e				Zip C	ode				
SSN			DOB			Place of Birth						🗌 Male 🔲 Female				
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell () -				
This form is e	effective	from:	Date:					to	Dat	te:						
Date not to	exceed	one year from beg	in date.													
Signature:										D	ate:					
c .	6 A . I.	·	- H -													
Signature of	f Author	ized Representativ	/e*:													
Witness:											Date	:				
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not		
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *				
_		requested Inform			Γ	_				ion could not be						
Reason																
Information	n release	d by									Dat	e				
DCS Contact	t Person								Tel	lephone Number	r	()	-		
DCS Office A	Address											•				
		·														
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:			
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								D	ate:			
2 00 50011 W			y	··												
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval		
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.		



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst						Mi	ddle		
Address														
City						Stat	e				Zip C	ode		
SSN			DOB			Place	e of B	lirth				Male 🗌 F	emal	e
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell	() -
This form is e	effective	from:	Date:					to	Dat	te:				
Date not to	exceed	one year from beg	in date.											
Signature:										D	ate:			
c .	6 A . I.	·	- H -											
Signature of	f Author	ized Representativ	/e*:											
Witness:											Date	:		
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *		
_		requested Inform			Γ	_				ion could not be				
Reason														
Information	n release	d by									Dat	e		
DCS Contact	t Person								Tel	lephone Number	r	()	-
DCS Office A	Address											•		
		·												
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:	
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								р	ate:	
2 00 50011 W			y	··										
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst						Mi	ddle		
Address														
City						Stat	e				Zip C	ode		
SSN			DOB			Place	e of B	lirth				Male 🗌 F	emal	e
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell	() -
This form is e	effective	from:	Date:					to	Dat	te:				
Date not to	exceed	one year from beg	in date.											
Signature:										D	ate:			
c .	6 A . I.	·	- H -											
Signature of	f Author	ized Representativ	/e*:											
Witness:											Date	:		
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *		
_		requested Inform			Γ	_				ion could not be				
Reason														
Information	n release	d by									Dat	e		
DCS Contact	t Person								Tel	lephone Number	r	()	-
DCS Office A	Address											•		
		·												
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:	
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								р	ate:	
2 00 50011 W			y	··										
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst						Mi	ddle		
Address														
City						Stat	e				Zip C	ode		
SSN			DOB			Place	e of B	Birth				Male 🗌 F	emal	e
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell	() -
This form is e	effective	from:	Date:					to	Dat	te:				
Date not to	exceed	one year from beg	in date.											
Signature:										D	ate:			
c .	6 A . I.	·	- H -											
Signature of	f Author	ized Representativ	/e*:											
Witness:											Date	:		
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *		
_		requested Inform			Γ	_				ion could not be				
Reason														
Information	n release	d by									Dat	e		
DCS Contact	t Person								Tel	lephone Number	r	()	-
DCS Office A	Address											•		
		·												
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:	
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								р	ate:	
2 00 50011 W			y	··										
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.



I hereby authorize representatives of the Tennessee Department of Children's Services, to include only the Health Advocacy Unit, Fiscal Team, Child-Benefit workers and case managers with applicable authority, bearing this release, or a copy of same, to obtain ONLY confidential TennCare **eligibility** information from your files. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services within the scope of providing services to children.

I also authorize DCS to release the following information to TennCare or auditors of TennCare services, for the purpose of arranging, accessing, or obtaining services for my child, or proving that services were provided to my child: <u>Child's name, SSN, DOB, Medicaid number, and diagnosis: type of service provided, provider information, and proof that the service was provided.</u>

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information and that by signing this authorization only my eligibility status in TennCare will be released – no other TennCare records will be released for me. I can revoke my consent at any time. Should I choose to revoke this consent, I understand that the revocation must be in writing to be effective. I also understand that any release which has been made prior to my written revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one year from date of my signature. I understand that I may ask and receive a copy of this authorization. I hereby request and authorize the release of ONLY confidential TennCare **eligibility** information.

Name: Last				Fi	rst						Mi	ddle		
Address														
City						Stat	e				Zip C	ode		
SSN			DOB			Place	e of B	lirth				Male 🗌 F	emal	e
Telephone N	umbers	Home	()	-			Wo	rk ()	-		Cell	() -
This form is e	effective	from:	Date:					to	Dat	te:				
Date not to	exceed	one year from beg	in date.											
Signature:										D	ate:			
c .	6 A . I.	·	- H -											
Signature of	f Author	ized Representativ	/e*:											
Witness:											Date	:		
		ntative means you					r this	perso	n. A re	presentative sign	is for	an applica	int wh	o may or may not
legally sign o	on his or l	her own. We may h * * * * * * * * * * * *	ave to get	this pr	oof from y	ou.	***	* * * *	* * * * *	* * * * * * * * * * *	****	* * * * * *		
_		requested Inform			Γ	_				ion could not be				
Reason														
Information	n release	d by									Dat	e		
DCS Contact	t Person								Tel	lephone Number	r	()	-
DCS Office A	Address											•		
		·												
DCS Staff Re	equestin	g Release of TennC	are Eligit	oility In	fo:							D	ate:	
DCS Staff W	ho Acces	sed TennCare Elig	ihility Inf	'n.								D	ate:	
2 00 50011 W			y	··										
Check the "	Forms" M	leboare for the our	rent versi	on and	disregard	arovia		reiona	This	form may not be	altoro	hwithout r	rior or	aproval
Grieck the F	UNIS VI	lebpage for the cur	ent versio	un anu		JIEVIO	us ve	510115	. 111151	onn may not be a		ι νπησαι μ	norap	ipioval.



Tennessee Department of Children's Services Kinship Exception Request

PART 1---FAMILY INFORMATION

Date:	Family Case Name:		Ca	ise #:	
Child's Name	Date of Birth	Race	Sex	Special Needs	

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

Requesting Case Manager:	CPS	FSW
Region:	County:	
Reviewing Team Leader/Team		Date
Coordinator:		Reviewed:

KER APPROVED

KER DENIED

Date consult note/form entered	into TFACTS:	
Signature of KER Approver:		Date:
Other Information/Regional Protocol Requirements:		

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





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

Child Name:					DOB:		
Initiated by:							
Genogram							
Parent Relationship	Name	Phone	Address	Diligent Search Searching, Notified or N//		clude dates o	f Marriages and Divorces)
Birth Mother							
Birth Father							
Legal Parent							
Putative Father							
Other Parent							
Family Relationship	Name	Phone	Address	Diligent Search Searching, Notified or N//	Option?	Barrier Code	Comments
Step Mother							
Step Father							
Paramour							
Maternal Grandmother							
Maternal Grandfather							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Aunt/Uncle							
Maternal Cousin							
Maternal Cousin							
Paternal Grandmother							
Paternal Grandfather							
Paternal Aunt/Uncle							
Paternal Aunt/Uncle							

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CS-0774, Rev. 6/19

CS-0774, Rev. 6/19



RDA 2982 Page 1

Paternal Aunt/Uncle										
Paternal Aunt/Uncle										
Paternal Cousin										
Paternal Cousin										
Adult Sibling										
Adult Sibling										
Sibling's Parent										
Other Relatives									Relationship:	
Barrier		Code		Barrier		Code		Barrier		Code
Removal Home/Failure to Protect		1	Failed Expedite	ed Study (Policy 16.20)		9	9 Lives Out of State/Country			17
Domestic Violence		2	Inadequate Fin	ances, Space, Housing		10	Undocumented Immigrant			18
Alleged Child Perpetrator		3	Lack of Transp	ortation		11	Deported			19
Verified/Reported Sexual Offender		4	Serious Health	Serious Health/Mental Health Issue			Incarcerated			20
Failed Backgrond Checks		5	Unable to Prov	Unable to Provide Adequate Supervision			Unable to Locate			21
Unwaivable DCS/Criminal History		6	Under Age 18			14	Deceased			22
Court Order Restriction or Violation	1	7	Waivable DCS	/Criminal History		15	Resource Unwilling			23
Failed Drug Screen/Abuse/Addiction	on	8	No Significant	Relationship to Child		16	Other: Specify			24

Ecomap

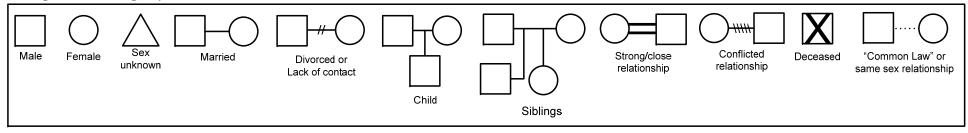
Community Support	Name/Agency	Phone	Address	Contacts/Important People to child/youth/family	Dates Attended/Services Delivered
Neighbors					
School Personnel					
School Personnel					
School Personnel					
School Personnel					
Church Friends					
Church Friends					
Church Friends					
Church Friends					
Community Friends					
Community Friends					
Community Friends					
Community Friends					
Others					

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CS-0774, Rev. 6/19 RDA 2982 Page 2



Others

Genogram Drawing (Optional)



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: CS-0774, Rev. 6/19 RDA 2982 Page 3





IMMEDIATE ELIGIBILITY FORM

What Is the Purpose of This Form?

The purpose of this form is to determine whether a child entering the custody of Tennessee's Department of Children's Services (DCS) is eligible for immediate access to TennCareSMbenefits. This form is to be filled out by a DCS representative. It must be completed in full and faxed to: SelectKids Unit at 1-800-330-2842. Need help? Call 1-800-451-9147.

Date of DCS Custody:

☐ Youth Development Center

PART 1: DCS Health Advocate Rep Information	
Name:	Phone Number:
Fax Number:	
Address: (Street/City/State/ZIP)	
PART 2: Child/Applicant Information Social Security number:	Name:
PrimaryLanguage:	
Race: Black/African-American White Unavailable/Unknown American India	
Is the child/applicant Hispanic/Latino?	🗌 No
Date of Birth: Sex: Demo	Male
County of Commitment:	County of Placement:
PART 3: For Case Management, please call 1-888-416-3025.	
PART 4: Provider and Other Insurance Information	<u>n</u>
Primary Care Provider of Choice:	Provider Number:
Other Insurance (besides TennCare): Yes	□ No
Name of Insurance Carrier:	Effective Date:
Name of Policy Holder:	ID Number:
CERTIFICATION: <i>I certify that the information on this fo</i> DCS. <i>I understand that the eligibility must still be processed</i> <i>TennCare determines the eligibility.</i>	÷
Signature:	
	(month/day/year)

BlueCare Tennessee, an Independent Licensee of BlueCross BlueShield Association.



Tennessee Department of Children's Services Consent for Vaccination

Name of Child:	DOB:	TFACTS ID:
Date of Custody:	County:	Region:
This document		is in the legal custody of
the Tennessee [Department of Children's Services.	
Parent/Guardia		
l,		at the Tennessee Department of Children's
		t and/or facilitate vaccinations to my child erstand the meaning of vaccination to mean
	ucing a substance intended for use in h	-
	•	e below checkboxes indicate which routine
	ations I give permission for my child	
🔄 Yes 🔄 No	IPV Inactivated polio (Polio)	
🗌 Yes 🗌 No	MMR Measles, mumps, rubella (Germ	an measles)
🗌 Yes 🗌 No	Varicella (Chickenpox)	
🗌 Yes 🗌 No	Hepatitis A	
🗌 Yes 🗌 No	Hepatitis B	
🗌 Yes 🗌 No	Influenza (Flu)	
Yes No	Pneumococcal (Pneumonia)	
Yes No	Meningococcal (Meningitis)	
Yes No	DTaP or Tdap Diphtheria, tetanus, per	rtussis (Whooping cough)
☐ Yes ☐ No	Rotavirus	

I have also been informed that if I choose not to consent, the Department of Children's Services, may seek a court order to authorize vaccination of the child.

Yes No Hib Haemophilus influenzae type b

Parent or Legal Guardian Signature	Date	
Witness Signature	Date	

This is the current version of this form. Please disregard all previous versions prior to the date listed below.

