Department of Children's Services

CS-0687, Background Check History and IV-E Eligibility Checklist

Revised: 11/2026

Please confirm that you are using the current version of this form and disregard previous versions.
This form may not be altered without prior approval.

Date background check started: _____

Requester's Name: _____

Organization: _____

Agency/Group/Home/YDC: _____

Date of Hire: _____

Applicant's Full Name:_____

Other Legal Names/Aliases: _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Telephone: _____

Addresses for the last six months:

States resided in last five years:

Reason for Background Check:

☐ LEA Employee ☐ DCS Employee ☐ DCS Volunteer ☐ Contract Provider Employee

☐ Foster Parenting ☐ ICPC/ICJ Request ☐ Other Child Care Related

☐ Other (Specify): _____

☐ New Hire ☐ Annual

Copies of all results received must be attached to this form. See the Protocol for Foster Home Approval and Requirements for Background Checks schedule.

Applicant's Full Name: _____

Background Checks

Local Law Enforcement Check:

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

National Sex Offender Registry

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

TN Department of Health Abuse Registry

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

TN Felony Database Clearance

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Applicant's Full Name: _____

Drug Offender Registry

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Tennessee Persistent Domestic Violence Offender Registry

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

CS-0741 DCS Database Search

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Out-of-State Child Abuse/Neglect Check

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Applicant's Full Name: _____

Fingerprint Results (TBI/FBI)

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Purpose Code X III Name Check

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Driver's License

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Other (Specify): _____

Date Check Completed: _____

Result of Check (Eligible/Ineligible): _____

Central Office Use Only:

Applicant's Full Name: _____

☐ **For foster parents and ICPC requests, there was no disqualifying information obtained from these background checks pursuant to §§ 471(a)(20)(A)(i) and (ii) of the Social Security Act and state law.**

Comments:

Results Reviewed by: _____ **Date:** _____

Requester's Signature

Central Office Use Only

Date Reviewed: _____ **Date Response:** _____

Date Reviewed: _____ **Date Response:** _____

Date Reviewed: _____ **Date Response:** _____

Date Reviewed: _____ **Date Response:** _____