Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0687
Background Check History and IV-E Eligibility Checklist

Form **CS-0687, Background Check History and IV-E Eligibility Checklist** is utilized to record the date of completion of criminal and child abuse and neglect background checks for an expedited placement, approval of a foster parent(s) (DCS or Contract Agency), other adult household members, volunteers, or employees (DCS or Contract Agency).

- A separate form must be completed for each individual person who is the subject of the background checks.

- All fields must be completed with information, a date or recorded with "N/A" when not appropriate.

- When entering the applicant's address begin with the current address working backwards.

- When entering the applicant's states in which resided begin with the most recent and work backward.

- To complete an Out-of-State Child Abuse/Neglect check, access the Adam Walsh State Contacts for Child Abuse Registries link:
  ccld.ca.gov/res/pdf/Revised%20AW_Contact_List.pdf

- At the completion of the document, results must be reviewed and approved by a supervisor.

- The form is filed in the appropriate foster parent, employee, or family case file or applicable file.

- This information can and should be shared between divisions of the agency to ensure that collected knowledge crosses departmental boundaries on an as needed basis.

- This form is used by Central Office staff for the confirmation of completion of   IV-E eligibility documentation for DCS and Contract Agency foster homes and Contract Agency congregate and residential direct care staff.

- For further clarification of back ground check requirements, refer to DCS policies ***4.1, Employee Background Checks***, ***16.4, Foster Home Approval***, and ***16.8, Responsibilities of Approved Foster Homes***, and the ***Volunteer Coordinator's Procedure Manual***.

Background Check Guidelines

Type of Background Check	Schedule for Background Check Completion
Local Law Enforcement Checks	Employees- Initial
	Volunteers- Initial
	Foster Parents- Initial, Biennially

National Sex Offender Registry	Employees- Initial, Annual
	Volunteers- Initial, Annual
	Foster Parents- Initial, Biennially

Vulnerable Persons Abuse Registry (TN Dept. of Health)	Employees- Initial, Annual
	Volunteers- Initial, Annual
	Foster Parents- Initial, Biennially

TN Felony Database Clearance	Employees- Annual
	Volunteers- Annual
	Foster Parents- N/A

Drug Offender Registry	Employees- Annual
	Volunteers- Annual
	Foster Parents- N/A

CS-0741 DCS Database Search	Employees- Initial
	Volunteers- Initial
	Foster Parents- Initial

Out-of-State Child Abuse/Neglect Check ***Required for out-of-state addresses the past five years**	Employees- N/A
	Volunteers- N/A
	Foster Parents- Initial

Fingerprint Results (TBI/FBI)	Employees- Initial
	Volunteers- Initial
	Foster Parents- Initial

Purpose Code X III Name Check (Used only for emergency placements that will be made within 24-48 hrs)	Employees-If applicable
	Volunteers- N/A
	Foster Parents- If applicable

Driver's License (Also attach copy of auto Insurance, current vehicle registration and vehicle inspection if applicable)	Employees- Initial, Annual
	Volunteers- Initial, Annual
	Foster Parents- Initial, Biennially