



Tennessee Department of Children's Services
Foster Home Assessment or Re-Activation

Biennial ☐

Anniversary ☐

Re-Activation ☐

Other ☐

Current Foster Parent Information

Applicant			Co-Applicant		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		
E-Mail Address			E-Mail Address		
Date of original approval as DCS Foster Home		Date of the most recent assessment	No. of children for whom the home is approved		
Briefly Describe the Type of Children for Whom the Home is Currently Approved					
Others Currently In the Home					
Name		Relationship		DOB	
Name		Relationship		DOB	
Name		Relationship		DOB	
Name		Relationship		DOB	
Name		Relationship		DOB	
Name		Relationship		DOB	
List Changes that Have Occurred in the Home Since Closure or the Last Assessment (Please check all that apply and describe)					
<input type="checkbox"/> Household Composition					
<input type="checkbox"/> Finances					
<input type="checkbox"/> Health					
<input type="checkbox"/> Residence					
<input type="checkbox"/> Other					

List All Foster Parent Training Courses and the Number of Hours Attended During the Past 12 Months (Attach Additional Pages if Needed)			
<u>Applicant</u> Course	Hours	<u>Co-Applicant</u> Course	Hours
Foster Parent Total Training Hours:		Foster Parent Total Training Hours:	
<u>Other Adult/Caregiver</u> Course	Hours	<u>Other Adult/Caregiver</u> Course	Hours
Other Adult/Caregiver Total Training Hours:		Other Adult/Caregiver Total Training Hours:	
List Any Training That the Foster Parents Need or Desire (This Section is to be Completed by the Foster Parents and the Assessor Agency)			
<u>Applicant</u>		<u>Co-Applicant</u>	
<u>Other Adult/Caregiver</u>		<u>Other Adult/Caregiver</u>	

List All Children Served by this Foster Home During the Last 12 Months					
Name	Age	Sex	Race	Special Needs	Discharge Date

Discuss Areas of Strength Within the Foster Family

Outline the foster home's respite care plan to include family supports/other resources, frequency and duration.

List Problem/Issues or Areas of Concern During the Past 12 Months (From The Agency's Perspective including SIRs or SIU Investigations)		
Problem/Concern	Foster Parent AGREES	Foster Parent DISAGREES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Describe Actions that have Occurred or are Planned to Address Problems Listed Above (Including the Date(s) and a Copy of Any Performance Improvement Plan)	
Date:	Plan:
Date:	Plan:
Date:	Plan:
Date:	Plan:
Date:	Plan:

Check All Activities That Apply to this Foster Home (This Section is to be Completed by the Assessor Agency)			
	Below Expectation	Meets Expectations	Exceeds Expectation
Provides adequate physical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works with birth family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transports foster care children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervises visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates information promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks proper approval of expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observes confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in foster care reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive of permanency goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares children for return home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares children for adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares children for Interdependent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Life book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes clothing allotment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in child's therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implements counseling recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Foster Parents Can Work Effectively With: <i>(Foster Parents: Check all that Apply)</i> <i>Assessor Agency Staff: Check Whether or not you Agree With the Foster Parents' Evaluation of their Ability to Work With This Type of Child)</i>			
	Foster Parent Can Work With:	Assessor Agency Agrees	Assessor Agency Disagrees
Infants and Toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school age children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any age child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay or Lesbian Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentally challenged children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Risk Infants (those who are potentially adoptable once parental rights are terminated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large sibling groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Support and Involvement by the Foster Parent <i>(Please Check All That Apply)</i>			
Attends foster parent group meetings	<input type="checkbox"/>		

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: Foster Home Case File

RDA 11016

Co-leads Foster Parent Training Groups	<input type="checkbox"/>
Assists DCS with staff training	<input type="checkbox"/>

Participates in Local Foster Care Association	<input type="checkbox"/>
Participates in State Foster Care Association	<input type="checkbox"/>
Other (Specify below):	<input type="checkbox"/>

<p align="center">Does the foster family continue to meet the minimum standards for foster parenting? (As referenced in DCS Policies 16.3 Desired Characteristics of Foster Parents and 16.4 Foster Home Approval) (If "No" indicated on any area document in "Problem/Issues or Areas of Concern" section and state plan to address the deficiencies in the "Assessment Writer's Comments" section)</p>			
	Yes	No	N/A
Home Safety Checklist completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vehicle Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorization for Release of Information completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA Notice of Privacy Practices - Client Acknowledgement completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Parent Medical completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Parent Comments: 		
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Assessment Writer's Comments (Including feedback from all Family Service Workers who had children permanently placed in the home): 		
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Are there any changes in the number of children for whom this foster home is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any waivers in place regarding the total number of children in this foster home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendation of the Assessor <i>(Please Check One Box)</i>		
<input type="checkbox"/> CONTINUED APPROVAL DATE OF APPROVAL: <input type="checkbox"/> N/A	<input type="checkbox"/> RE-ASSESS <i>(See Attached Performance Improvement Plan, if applicable)</i>	<input type="checkbox"/> CLOSURE
Comments: <i>(Include reasons for any changes from the last approved study)</i>		
Additional Foster Parent Comments:		
Signatures		
_____	_____	_____
<i>Foster Parent</i>		<i>Date</i>
_____	_____	_____
<i>Foster Parent</i>		<i>Date</i>
_____	_____	_____
<i>Assessment Writer</i>		<i>Date</i>
_____	_____	_____
<i>Approved Signature</i>	<i>Title</i>	<i>Date</i>