


# Relative Caregiver Program Guide

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# Purpose

This guide reflects child welfare best practices by prioritizing child safety, permanency, and well-being; utilizing the least intrusive, family-centered interventions; honoring kinship caregivers as partners; and applying trauma-informed, culturally responsive, and developmentally appropriate approaches across all program activities.

The Relative Caregiver Program (RCP) exists to strengthen kinship families by stabilizing placements, preserving family connections, and building long-term caregiver and child self-reliance. This edition modernizes the program by aligning long-standing RCP practice with evidence-based kinship models, prevention principles, and contemporary economic realities—while preserving flexibility, dignity, and caregiver autonomy.

This guide emphasizes that financial support through the RCP stipend is contingent upon ongoing, active participation in RCP services and is provided to support safety, stability, permanency, and self-sufficiency.

# Program Background and Evolution

RCP was created to support children who cannot safely remain with their parents and are instead cared for by relatives. Research consistently demonstrates that children in kinship care experience greater placement stability, improved behavioral outcomes, and reduced trauma compared to non-relative foster care.

Since its inception, RCP has functioned as a public–private partnership designed to respect family autonomy while offering supportive services and limited financial assistance. As of 2026, the program is intentionally aligned with prevention-oriented, evidence-based kinship practices that prioritize family capacity-building to support sustained stability and long-term success.

# Philosophy and Core Values

The Relative Caregiver Program is grounded in the following principles:

1. Children are best served when they can remain safe within their families and communities.
2. Kinship care, both formal and informal, provides stability, cultural continuity, and reduced trauma.
3. Families thrive when financial assistance is paired with skill-building, connection, and support.

4. Self-reliance is built through guided support that strengthens skills, confidence, and stability.
5. Caregivers are respected as decision-makers and partners in service planning.
6. Participation in services reflects mutual commitment and shared responsibility.
7. Community interdependence strengthens families; self-reliance does not mean isolation.
8. Children benefit when responsibility, resilience, and problem-solving skills are intentionally taught.
9. When safe and appropriate, maintaining connections with birth parents supports identity, healing, and long-term family stability, and reunification efforts are approached collaboratively and with sensitivity to family dynamics.

# Kinship Self-Reliance Framework

Building stable kinship families requires an intentional blend of financial discipline, practical life skills, emotional resilience, and community support.

## *Core Services*

Each RCP provider shall deliver or arrange access to the following core service categories as part of program participation:

- Information and Referral
- Case Management / Family Advocacy
- Financial Assistance (Pending assessment, needs, and available funding)
- Support Groups (caregivers, children, and family)
- Educational Workshops
- Enrichment Services

Providers may also coordinate with community partners to connect families to counseling, legal services, housing assistance, childcare, mentoring, mental health services, and other appropriate supports.

## *Family Capacity Building*

Programs are encouraged to support caregivers in developing:

- Financial literacy and budgeting habits
- Workforce and career advancement pathways
- Emergency preparedness and household resilience
- Life skills that support sustained stability and long-term success

### *Raising Independent Children*

RCP services support caregivers in:

- Helping caregivers understand age-appropriate developmental stages and responsibilities
- Encouraging problem-solving and autonomy
- Supporting resilience through learning from failure
- Promoting educational, social, and emotional development.

## Evidence-Based Kinship Practice Alignment

RCP aligns with nationally recognized child welfare best practices, kinship navigator, and prevention models, including core components such as:

- Information and referral systems
- Coordinated community partnerships
- Consultation with caregivers and individuals with lived experience
- Targeted outreach to kinship families
- Peer-to-peer support and navigation
- Standardized assessments to identify family needs

These components support improved safety, permanency, placement stability, and well-being for children and families, and, when appropriate, thoughtful and supported reunification efforts that prioritize child safety, emotional well-being, and developmental needs.

# Indian Child Welfare Act (ICWA) Considerations

## *ICWA Applicability and Practice Guidance*

Children of Native American Heritage Statement: The Relative Caregiver Program (RCP) shall comply with all rules, regulation and laws governing the Indian Child Welfare Act of 1978 (ICWA) and make a diligent effort to identify those children/youth subject to the Act. RCP services affecting children identified as Native American must be conducted in compliance to the federal guidelines by ICWA. The goal of ICWA is to strengthen and preserve Native American families and culture. This applies to cases that DCS has filed for the transfer of custody.

1. If it is believed or confirmed that the child or parents are Native American but the tribe of registration information is not known, tribal affiliation must be determined. The family advocate must contact the Bureau of Indian Affairs for assistance, and this must be done in collaboration with the appropriate Regional Legal Counsel and the family. (Not all tribes fall under the Indian Child Welfare Act).
2. Tennessee is in the Eastern Region of the Bureau of Indian Affairs and the contact information for assistance is as follows:

   Bureau of Indian Affairs

   545 Marriott Drive, Suite 700

   Nashville, TN 37214

   Phone: (615) 564-6500; Fax: (615) 564-6701
3. The Bureau will instruct on the process and further procedures to be followed to determine the Indian child/family's tribe or affiliation.
4. If the case involves a child/family outside of the Eastern Region jurisdiction of the Bureau of Indian Affairs, contact the appropriate Regional Legal Counsel for assistance.

# Referral, Intake, and Eligibility Requirements

## *Service Eligibility Requirements*

To receive RCP services, the child must reside with a relative caregiver and not in DCS custody, on a trial home visit (THV), or receiving custodial services. RCP services are not available when a child is currently in state custody.

To be eligible for a stipend through the Relative Caregiver Program, the caregiver must have legal custody of the child. To receive supportive services only, the caregiver may provide either a Power of Attorney or a court order. In all cases, the caregiver must meet the program's required degree of relationship to the child. The child(ren) must reside in the home of the relative caregiver either through court order, power of attorney, or an informal agreement with the parents.

## *Eligibility Guidelines for Participation in the Relative Caregiver Program (RCP):*

1. The child(ren) must reside in the home of the relative caregiver with a power of attorney.
2. The relative caregiver must be willing to take part in a needs assessment via the Relative Caregiver Family Needs Scale, the Home Safety Checklist, or any other needs assessment required by the Department in addition to any safety and needs scales utilized by the provider.
3. The relative caregiver must agree to accept needed support services through the Relative Caregiver Program.
4. The relative caregiver must be able to provide a safe home for eligible children and be committed to providing that home as long as is necessary and appropriate.
5. A parent of the child may not reside in the home of the relative caregiver.
6. The relative caregiver must be within the first, second, or third degree of relationship to the parent or stepparent of the child. The relative caregiver must be related to the child through blood, marriage, or adoption.
7. The relative caregiver family cannot receive any type of DCS kinship payment or subsidy.
8. Eligibility for the Relative Caregiver Program does not guarantee eligibility for the Relative Caregiver Stipend Program.
9. The Department may waive these requirements for the non-stipend Relative Caregiver Program for good cause shown after determining in writing that doing so would be in the best interest of the child to help stabilize the placement and reduce the likelihood of custody change.
10. If the child(ren) is removed from the custody of the relative caregiver, the relative caregiver will no longer be eligible for the Relative Caregiver Program.

    NOTE: RCP Staff should make appropriate and helpful referrals / recommendations for those non-eligible children and relative caregivers.

## *Required Verifications for Relationship Determination*

To be eligible for the Relative Caregiver Program, the relative caregiver may be related through blood, marriage or adoption by the 3rd degree of relationship to the parent as referenced in the following link: 29 CFR § 1635.3

Family member means with respect to any individual:

1. A person who is a dependent of that individual as the result of marriage, birth, adoption, or placement for adoptions; or
2. A first-degree, second-degree, third-degree, or fourth-degree relative of the individual, or of a dependent of the individual as defined in 29 CFR §1635.3(a)(1).
    a) First-degree relatives include an individual's parent's siblings, and children.
    b) Second-degree relatives include an individual's grandparents, grandchildren, uncles, aunts, nephews, nieces, and half-siblings.
    c) Third-degree relatives include an individual's great-grandparents, great grandchildren, great uncles/aunts, and first cousins.
    d) Fourth-degree relatives include an individual's great-great-grandparents, great-great-grandchildren, and first cousins once-removed (i.e., the children of the individual's first cousins)

Relationships must be verified before participating in the Relative Caregiver Program. Providing documentation is primarily the responsibility of the relative caregiver. Relative Caregiver Program staff must evaluate the evidence used to establish the relationship as to its validity, consistency and credibility. Any concerns about conflicting information must be resolved before determining eligibility. Each step of the relationship between the child(ren) and the relative caregiver(s) must be documented.

## *Documentation*

The following types of documents can be used to verify relationship.

Copies of the information regarding verification of relationship must be uploaded into the case file within the Electronic Record System.

One Document Required:

- Birth certificates or copies of birth certificates to establish relationship of child to his or her parent. Multiple birth certificates that create a three-generation lineage
- Hospital/birth records. Multiple records that create a three-generation lineage

- Juvenile Court or Family Court records which specify relationship.
- DHS or other state department records that specify relationship through a service / award for benefits letter.

Two separate documents are required:

- Copies of income tax returns listing the child as a specific relative
- Department of Children's Services relationship establishment within the Electronic Record System, Immediate Protection Agreement paper, CFTM Notes, etc.
- Hospital records which specify relationship.
- School records which specify relationship.
- Military records which specify relationship.
- Family records which are in ink and have not been altered. Trust documents if relationship is specified in document.
- Wills and deeds to property if the individuals and relationships are specified.
- Written materials of other kinds may be used when they contain evidence of relationship, such as Family Bible or obituaries.

"Marriage" includes scenarios such as: Step-mother marries a spouse who already has children. She becomes their step mother. These step-children go into the care of the step-mother's side of the family while the step-mother and birth-father are still married. If a divorce occurs between the married couple, this will negates the relationship with the non-related caregiver.

"Adoption" includes scenarios such as: Birth mother was adopted and now her child is in the care of her adoptive family (grandmother, siblings, etc).

# Referral, Intake, and Eligibility Timeframe Expectations

## *Referral Sources and Methods*

Families may be referred by DCS, DHS, juvenile or family courts, hospitals, schools, community agencies, faith-based organizations, or by self-referral. Referrals may be made via the Relative Caregiver Program Referral form (CS-1230), the RCP hotline, or direct contact with a provider.

To ensure timely engagement, consistency across providers, and transparency for families, the following timeframe expectations apply.

## *Referral and Initial Contact*

- Providers initiate contact with the family within three (3) business days of receiving a referral.
- During the initial contact, the provider notifies the family that their names have been placed on a waiting list and a primary eligibility assessment is completed.
- Once an enrollment slot becomes available, the provider must contact the family within three (3) business days to schedule the initial home visit.
- During the initial face-to-face visit, intake documentation, needs assessment, and a home safety screening should occur.
- Any exception to this timeframe must be documented and approved by a supervisor.

## *Eligibility Determination and Notification*

Preliminary stipend approval determinations must be submitted to DCS Kinship staff within five (5) business days of the provider's approval determination when a family meets the eligibility requirements for the RCS stipend.

Providers inform the family of program eligibility within ten (10) business days of final approval.

Eligibility documentation must be uploaded into the electronic record system within this timeframe.

## *Electronic Record Documentation*

- Initial family contact, assessments, and eligibility determinations involving the caregiver and child(ren) must be entered into the electronic record system within fifteen (15) business days following the face-to-face visit.
- Contacts involving only the caregiver, without the child present, must be documented in the Electronic Record System.

All copies of documents related to the child, including assessments, eligibility forms, service plans, court orders, and other required documentation, must be uploaded to the Documents section of the child's record within ten (10) business days of the related contact. Additionally, any documentation provided by

the caregiver as proof of determination such as a driver's license, state ID, or passport, must be uploaded into the Electronic Record System.

- For stipend cases, eligible or ineligible stipend records must be finalized within ten (10) business days from the episode begin date.
- Stipend eligibility agreements and related records must be signed and dated within ten (10) business days of final approval by DCS Kinship staff. Records may not be backdated or signed outside of this timeframe.

## *Timeframe Quick Reference Table*

| Activity | Required Timeline | Responsible Party |
|---|---|---|
| Initial provider contact after referral | 3 business days | RCP provider staff |
| Face-to-face intake visit | Scheduled within 3 business days once an enrollment slot becomes available | RCP provider staff |
| FAST (Family Advocacy and Support Tool) | Initially completed at the second monthly home visit. The FAST is reassessed every 6 months thereafter. | RCP provider staff |
| Provider preliminary stipend approval submission to DCS Kinship staff | 5 business days from provider preliminary approval determination | RCP provider staff |
| Family notification of program eligibility | 10 business days from final approval | RCP provider staff |
| Upload of child-related documents to Documents section | 10 business days from related contact | RCP provider staff |

| Activity | Required Timeline | Responsible Party |
|---|---|---|
| Stipend episode finalization (eligible or ineligible) | 10 business days from episode begin date | DCS Kinship staff |
| Stipend eligibility agreement signed and dated | 10 business days from final approval | DCS Kinship staff |
| Case notes entry timeframe | 15 working days from contact | RCP provider staff |
| Electronic record entry for child-involved contacts | 15 business days from face-to-face visit | RCP provider staff |
| Monthly data reporting to DCS | 5th calendar day (or closest business day) | RCP provider staff |
| Re-assessment of eligibility | Completed quarterly | RCP provider staff |
| Re-determination of eligibility | Completed annually | RCP provider staff |

These timelines establish baseline expectations and do not prohibit earlier completion when feasible.

## *Failure to Meet Timeframe Expectations (Practice Guidance)*

When timeframe expectations are not met, providers are expected to:

- Document the reason for delay in the electronic record
- Notify supervisory and kinship staff as appropriate
- Identify and implement improvement steps to support timely practice

When timeframe expectations are not consistently met, DCS will offer technical assistance, collaborative planning, and monitoring support.

# Service Engagement and Stipend Participation Framework

## *Stipend Purpose and Service Engagement*

Eligibility Guidelines to Receive the Relative Caregiver Stipend:

In addition to Relative Caregiver Program eligibility, to be eligible for the Stipend, relative caregivers must also meet all the requirements of **T.C.A § 37-2-422(c).** If all the statutory criteria are not met, the family is not eligible for the Stipend but may still qualify for the Relative Caregiver Program.

1. The child(ren) is not in state custody.
2. The relative caregiver is twenty-one years of age or older.
3. The relative caregiver has been awarded custody of the child by an order of a court.
4. A parent of the child does not reside in the relative caregiver's home.
5. The relative caregiver agrees to cooperate with any child support proceedings initiated by the Department of Human Services (DHS), including providing information relative to the establishment of paternity, if known.
6. The relative caregiver is within the first, second, or third degree of relationship of the parent or stepparent of the child. The relative caregiver must be related to the child through blood, marriage, or adoption.

Eligibility is maintained on an ongoing basis. An annual re-determination will occur with all families in the program and new paperwork will be submitted to the provider to ensure continued eligibility. Families will be terminated if circumstances occur within the course of the year that impact their eligibility.

Participation in RCP services is a core component of enrollment for all families, regardless of whether the family is receiving the RCP Stipend.

Families receiving the RCP Stipend are subject to the same service participation expectations as families enrolled in RCP without a stipend. There are no additional or separate service requirements imposed solely because a family receives the stipend.

Receipt of the RCP Stipend does not alter, increase, or replace required service participation. The stipend is a financial support mechanism only and does not constitute a separate program or service track.

## *Distinction Between Financial Assistance and the RCP Stipend*

Financial assistance provided by RCP providers using grant funds is distinct from the RCP Stipend. Provider-administered financial assistance is discretionary, needs-based, and subject to waiver thresholds. The RCP Stipend is a state-funded benefit governed by statute and requires DCS Kinship staff approval.

The RCP stipend is designed to support caregiver stability when accompanied by meaningful engagement in RCP services.

The stipend is not intended to function as a stand-alone financial benefit. Rather, it is a stability tool that allows caregivers to participate fully in services that promote permanency, problem-solving skills, and independence.

## *Definition of Active and Full Engagement*

Active and full engagement means participation in RCP services in good faith and at a level appropriate to the family's identified needs.

Engagement may include:

- Completion of intake, safety, needs assessments, and any other assessments found to be applicable.
- Participation in service planning and review
- Allowing agreed-upon home visits or check-ins
- Engagement in recommended support, education, or navigation services
- Ongoing communication regarding changes affecting the household

Engagement expectations are individualized, culturally responsive, and proportional.

## *Connection Between Engagement, Funding Availability, and Stipend Continuation*

*Receipt and continuation of the RCP stipend is directly connected to ongoing participation in agreed-upon services, the availability of stipend funding within the program's authorized maximum liability, and final eligibility approval by DCS Kinship staff.

The Relative Caregiver Program operates within a finite funding allocation.
*Stipend payments may only be issued when payment slots are available, sufficient funds remain, and DCS Kinship staff have completed final review and approval in the electronic record system.

Eligibility for services or provider recommendation does not guarantee immediate stipend payment. Final stipend eligibility is determined after the provider submits required documentation to DCS Kinship staff for review and approval.

When maximum liability has been reached, otherwise-eligible families may be placed on a stipend waitlist while continuing to receive RCP services if slots are available within the contract.

## *Provider Submission Checklist*

Prior to stipend consideration, providers are expected to submit the following in the electronic record system for DCS Kinship staff review:

- Verification of caregiver and child eligibility
- Documentation of active service engagement
- Completed assessments and service plan
- Required legal or custody documentation
- Confirmation of funding slot request
- Verification that the caregiver remains eligible for the RCP stipend in the electronic system to ensure timely stipend processing during the first week of the month

Documentation should align with required timeframe expectations outlined in the Electronic Record Documentation section of this guide.

Incomplete or untimely submissions may delay review and approval.

## *DCS Kinship Review and Approval Timeline*

Upon receipt of a complete submission, DCS Kinship staff are encouraged to review stipend requests in a timely manner consistent with program capacity and volume.

Providers and caregivers should be informed that review timelines may vary based on caseloads, funding availability, and the need for additional information.

## *Responding to Lapses in Engagement*

Temporary disengagement should be addressed through outreach, coaching, flexibility, and problem-solving.

When responding to a lapse in engagement, providers should assess the circumstances and attempt to re-engage the family before considering suspension or termination of the stipend. CPS referrals involving concerns about the care of the children and the family's continued eligibility to receive the stipend should be reviewed on a case-by-case basis, with supportive interventions considered whenever possible. Suspension or termination of the stipend should not be the default response.

Immediate suspension or termination of the stipend should not be the default response, but will be assessed and discussed with the Kinship staff for further determination.

# Case management Tasks:

1. Contacts

   - Non-stipend:

     Face-to-face contact occurs at least monthly during a home visit with caregiver and child/ren. Between visits, there are efforts made to engage the family about their needs, challenges, and attendance in groups/support services.

   - Stipend:

     Face-to-face contact occurs at least monthly during a home visit with caregiver and child/ren.

   The purpose of the face-to-face visit is to conduct a family assessment and to assess child safety and the family's need for any additional RCP or community support, while also ensuring that the family remains in compliance with RCP criteria for program participation. Additionally, efforts are made to encourage family participation in groups and support services.

   Virtual calls, phone calls, email, and text may be acceptable as "contact" but are not acceptable in place of a required face-to-face visit or home visit.

   - Increased contacts and/or home visits may be necessary as determined by assessment of progress or new safety concerns. Reasons for increased contacts and/or home visits are documented in the Electronic Record System and in the family service plan, if necessary.

2. Completion of the family service plan:

   - The family service plan along with family progress, safety, and well-being is discussed during each visit. Assist family with adjusting to living situations.

3. **Advocacy for the family:**
    - For the family through channels such as the court system, DCS meetings, education, and other areas of need.
4. **Connection to community services:**
    - If community services are provided, contact with provider occurs to assess progress and collaborate efforts.
5. **Working with the triad:**
    - Caregiver, child, and birth parent when available and appropriate. Assist family with reunification efforts when appropriate.
6. **Documentation:**
    - Contacts, home visits, attempted contacts/ visits, along with any supporting documents are recorded and/or uploaded into the Electronic Record System within 15 calendar days from the time of contact.

# Case Closure and Stipend Termination Criteria

## *Ending RCP Services (Case Closure)*

An RCP case *shall be closed* when one or more of the following occurs:

- The child no longer resides in the home of the relative caregiver
- The child enters state custody
- The child reaches eighteen (18) years of age
- The child dies
- The child marries
- The child is placed in a residential treatment program for a period longer than four (4) months
- The caregiver requests voluntary withdrawal from the program
- The caregiver no longer meets program eligibility requirements
- The caregiver is unable to continue participating in required RCP services after documented outreach, support, and accommodation efforts

Case closure decisions must be documented in the electronic record system and communicated to the caregiver in writing.

### *Ending the RCP Stipend*

The RCP Stipend shall be ended when one or more of the following occurs:

- The stipend ends effectively the day prior to the child's eighteenth (18th) birthday
- The caregiver requests termination of the stipend
- DCS Kinship staff determine that statutory or eligibility requirements are no longer met
- The caregiver fails to complete required redetermination or documentation
- The caregiver is unable to continue participating in RCP services after documented outreach and re-engagement efforts
- Custody or living arrangement changes that affect stipend eligibility
- A stipend eligibility error is identified by DCS

Termination of the stipend does not automatically require closure of RCP services unless program eligibility is also affected.

All stipend termination decisions must be approved by DCS Kinship staff and documented in the electronic record system, with written notice provided to the caregiver and appeal rights included as applicable.

## Core Service Delivery

### *Assessment and Planning Framework*

RCP providers utilize structured assessment and planning models to guide service delivery. The EPIC Model (Engaging, Assessing, Planning, Implementing, and Tracking/Evaluating) provides the foundational practice framework for working with families.

- Engaging: Build rapport through empathy, encouragement, and by providing clear information about services and rights.
- Assessing: Identify strengths and needs using structured tools, including the FAST (Family Advocacy and Support Tool), while screening for trauma, protective factors, and caregiver capacity.

- Planning: Develop collaborative action plans with SMART goals that build strengths and address identified needs.
- Implementing: Provide coaching, connect families to community resources, and support skill-building.
- Tracking/Evaluating: Reassess progress and adjust plans as needed.

The FAST tool is used to support structured assessment, guide service planning, and document progress toward identified goals.

## *Resource Linkage for Extenuating Circumstances*

When families experience extenuating circumstances that exceed standard RCP support, providers may initiate Resource Linkage referrals to connect families with additional community-based or DCS-coordinated resources.

## *Child and Family Team Meetings (CFTMs)*

Providers may request a Child and Family Team Meeting (CFTM) when coordinated planning is needed for safety, stability, or reunification efforts.

- If no other DCS case is open, the Kinship Specialist serves as the primary DCS point of contact for coordination.
- If there is an open DCS case, the assigned DCS Case Manager is the primary point of contact.

## *Case Transfer Between Providers*

When an RCP case must transfer from one provider to another (e.g., relocation or service area change), the transferring provider must:

- Notify DCS Kinship staff of the pending transition.
- Ensure all documentation is current and uploaded in the electronic record.
- Coordinate a transition meeting or warm handoff when feasible.
- Document the effective date of transfer in the record.

The receiving provider must review existing assessments, service plans, and eligibility documentation and confirm continuation of services without disruption.

## *Information and Referral*

Link caregivers to benefits, legal resources, education, workforce programs, and community support.

## *Case Management / Family Advocacy*

When safe and appropriate, RCP case management includes working with birth parents to support healthy family connections and potential reunification. This may include facilitating communication, supporting visitation planning in coordination with DCS or the courts, and connecting birth parents to community-based services that strengthen their capacity and stability. Short-term, targeted support focuses on stability, problem-solving, and connection to resources.

## *Support Groups and Peer Support*

Provide opportunities for caregivers and children to connect, learn, and reduce isolation through support groups, enrichment activities, and educational workshops. These activities must occur at least quarterly and may include any combination of caregiver support groups, children's support groups, family support groups, enrichment activities, or educational workshops. Services may be offered in person or virtually; however, at least one activity per quarter must be held in person.

For multi-county grantees, activities should be provided by county cluster or regionally when transportation arrangements are available to meet the needs of participating families.

## *Enrichment*

Structured opportunities that promote child development and caregiver sustainability.

In multi county grantees, provide enrichment services at least one (1) time quarterly per "cluster" of counties or regionally if transportation arrangements are secured to meet needs of the region. Any additional enrichments can be held virtually or in person.

## *Outreach*

The targeted outreach is to include kinship families, partners, courts, schools, and community organizations to provide a stronger, more comprehensive support network for the children and families.

### *Mandatory Reporting of Child Abuse and Neglect*

All Relative Caregiver Program providers, staff, volunteers, and program participants are mandated reporters under Tennessee law. Any person who has reasonable cause to believe that a child has been abused or neglected must immediately report the concern, regardless of the individual's role, relationship to the child, or involvement in the Relative Caregiver Program.

Reports must be made to the Tennessee Department of Children's Services Child Abuse Hotline by calling 1-877-237-0004 or by submitting a report online at *https://www.tn.gov/dcs/program-areas/child-safety/report-child-abuse.html*.

Mandatory reporting responsibilities always apply during program involvement and do not require proof of abuse or neglect. Reporting concerns is a protective action intended to support child safety and well-being and does not replace trauma-informed, supportive engagement with families.

## Children and Youth Services

Children and youth services emphasize:

- Social-emotional development
- Life skills and resilience
- Peer connection and identity
- Educational enrichment

## Data, Documentation, and Quality Assurance

### *Confidentiality and Information Sharing*

All information obtained through the Relative Caregiver Program is handled in accordance with applicable confidentiality laws and policies. Providers must protect the privacy of children and families while supporting coordinated service delivery.

With the *informed consent of the participant*, it is acceptable and encouraged practice for providers to:

- Connect families with community-based resources
- Make referrals on behalf of families to community-based services
- Share limited, relevant information necessary to facilitate access to services

Information may be shared without consent only as required by law, including mandatory reporting of child abuse or neglect, court orders, or other legal obligations.

Programs maintain accurate documentation, submit required reports, and participate in monitoring and continuous quality improvement.

Monthly Data Reporting Requirements

Providers must submit monthly data reports no later than the 5th calendar day of each month (or the closest business day) to the location and in the format determined by DCS.

Monthly data submissions must include, at minimum:

- The active waitlist for RCP services
- The active waitlist for the RCP stipend
- Required monthly numeric data reflecting services delivered, families served, and stipend activity

Monthly data reporting deadlines are separate from invoicing deadlines. Invoices remain due by the 15th calendar day unless otherwise specified.

Invoices must be submitted electronically to EI-DCS.pre-invoice@tn.gov with Program Staff copied, no more frequently than once per month and no later than thirty (30) days after services have been provided. Invoices remain due by the 15th calendar day of the month unless otherwise specified.

Each invoice must be submitted on the contractor's letterhead and include all required contract information, including a detailed description of services provided, the number of units or services delivered, applicable payment methodology, and the total amount due. Supporting documentation must also be included.

Invoices must include identifying information for the children and families served, as applicable, rather than summary numbers only. This may include person IDs or other program-approved identifying information necessary to verify services provided and ensure accurate payment processing. Only services that have been completed and are allowable under the contract may be invoiced.

Stipend payments are issued monthly and, when applicable, are mailed to recipients by the 15th calendar day of the month for services provided in the previous month.

Providers are responsible for ensuring the accuracy and completeness of all submitted data.

Failure to submit timely or accurate reports may result in follow-up, technical assistance, or contract monitoring responses by DCS.

## Staffing Requirements, Training, and Ethics

The Relative Caregiver Program must employ staff persons with at least a bachelor's degree in a human service field or who, by training or experience, can effectively determine the needs of relative caregivers and match those needs with appropriate services.

Staff are trained in kinship dynamics, child development, safety assessment, cultural responsiveness, and ethical practice.

## DCS Kinship Staff Roles and Responsibilities

DCS Kinship staff are responsible for:

- Reviewing and approving preliminary stipend eligibility submissions.
- Ensuring compliance with statutory and policy requirements for stipend approval.
- Managing stipend funding allocations and monitoring maximum liability.
- Coordinating with providers regarding documentation deficiencies or eligibility questions.
- Serving as the primary DCS point of contact for RCP cases when no other DCS case is open.
- Supporting CFTM coordination when appropriate.
- Providing technical assistance and monitoring support to providers.

## *Appendix A: Leadership Summary (Briefing)*

What RCP Is:

A kinship-centered, prevention-oriented program that combines limited financial support with meaningful service engagement to build long-term family stability and independence.

Why Engagement Matters:

Research shows that financial assistance alone does not improve outcomes. Families do best when support is paired with guidance, connection, and skill-building.

Stipend Philosophy:

The stipend is a stabilizing tool—not an entitlement—and is connected to participation in services that promote permanency and self-reliance.

Stipend Eligibility and Participation:

Financial support through the RCP stipend is contingent upon ongoing, active participation in RCP services. Stipend payments are also subject to funding availability and final DCS Kinship staff approval. *

End-to-End Stipend Flow (Executive View):

1. Family determined eligible for RCP services
2. Caregiver actively engages in services
3. Provider submits complete stipend request
4. DCS Kinship staff conduct final review in electronic system
5. Payment issued if funding slot is available

What This Protects:

1. Child safety and placement stability
2. Program integrity and fiscal controls
3. Clear accountability between providers and DCS
4. Responsible stewardship of public funds

## *Appendix B: Provider & Caregiver FAQ*

Q: Is the stipend guaranteed once a family is eligible or recommended by the provider?

A: No. Providers submit eligibility documentation and recommendations, but final stipend eligibility occurs only after review and approval by DCS Kinship staff in the electronic record system. Payment also depends on engagement and funding availability.

Q: What does “fully engaged” mean?

A: Participating in assessments, planning, check-ins, and recommended supports in good faith and at a level appropriate to the family’s needs.

Q: What happens after the provider submits the stipend request?

A: The request enters DCS Kinship staff review. Payment cannot begin until final approval is issued and a funding slot is available.

Q: What happens if stipend slots are full?

A: Eligible families may be placed on a stipend waitlist while continuing to receive services.

Q: Does being on a waitlist affect services?

A: No. Services continue regardless of payment status.

Q: Who makes the final decision about stipend approval?

A: DCS Kinship staff make the final determination after reviewing the electronic record and funding availability.

Q: Why are services required to receive the stipend?

A: Services help families build long-term stability, confidence, and self-sufficiency.

## *Appendix C: Stipend Process Flowchart (Narrative)*

1. *RCP Service Eligibility Established*
   Family meets RCP eligibility criteria and begins services.
2. *Active Service Engagement*
   Caregiver participates in assessments, planning, and agreed services.
3. *Provider Submission*
   Provider submits required documentation and stipend request in the electronic record system.
4. *DCS Kinship Review*
   DCS Kinship staff review eligibility, engagement, and documentation.
5. *Funding Slot Check*
   If funding and slots are available, stipend is approved for payment.
6. *Waitlist (If Needed)*
   If maximum liability is reached, family is placed on waitlist and services continue.

## *Appendix D: Provider Training Handout – Stipend Rules at a Glance*

Key Points for Providers:

- Stipend is not automatic
- Engagement in services is required
- Complete documentation is critical
- DCS Kinship staff make final approval
- Funding availability determines payment timing

Provider Responsibilities:

- Explain stipend conditions clearly to caregivers
- Maintain accurate electronic records
- Communicate changes promptly
- Support engagement and re-engagement

## *Appendix E: DCS Kinship Review Checklist (Internal Use)*

- Eligibility verified
- Engagement documented
- Required assessments complete
- Service plan approved
- Funding slot available
- Electronic record complete
- Provider submission met required timeframe expectations (Electronic Record Documentation)

## *Appendix F: Court-Facing Explanation – RCP Stipend Overview*

The Relative Caregiver Program provides supportive services to eligible kinship families. Financial stipends are limited, conditional supports tied to the service engagement, funding availability, and final review by DCS Kinship staff. Eligibility for services does not guarantee immediate payment. Services continue regardless of stipend status.