

Tennessee Department of Children's Services

Child Recruitment Photo/Video Referral

Date of Photo/video Shoot:	Location of	Photo/video s	SHOOL.	Type of Shoo	i.
Responsible Region:	Region where the child is placed:				
CHILD IDENTIFYING INFORMATION:					
Child's Name			Age	Race	Gender
REFERRAL TYPE: (Check all that apply	·)				
Child Photograph					
Child Recruitment Video					
CHILD'S CLOTHING SIZE:					
Shirt/Blouse:	Pants:	Γ	Oress:		
FAMILY SERVICE WORKER (FSW) / PERMANENCY SPECIALIST / TRANSPORTATION					
FSW Name:		FSW Email A			FSW Phone Number:
Permanency Specialist Name:		Permanency	Permanency Specialist Email Address:		Permanency Specialist Phone#:
Name of Person Transporting Child:		Phone Number:			
ADDITIONAL INFORMATION:					
Is the child being photographed w If yes, please provide the name of			ate referral forr	n is completed foi	reach of the siblings.
2. Does the child have a specific disability, behavior and/or emotional issue that may affect the photo/video shoot or additional needs that the event staff should be aware of (i.e., deaf, unable to communicate, immobile, easily upset, sensitive about adoption or other subjects)? If yes, please explain:					
3. Please describe the child's interests: Encourage the child/youth to bring items related to hobbies, interests, accomplishments, etc., to share during their video.					
Attach the child's bio/narrative to the referral if completed. If there is no bio/narrative, please complete and email it to <u>EI-DCS.Adoption@tn.gov</u> within one week of sending this referral.					