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|  | | | **Tennessee Department of Children’s Services**  **Application, Referral, and Authorization for Adoption Childcare Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status:  INITIAL  RECERTIFICATION  TERMINATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD IDENTIFYING INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD’S NAME | | | | | | | | | | | | CHILD’S NAME | | | | | | | | | | CHILD’S NAME | | | | | | | | | | CHILD’S NAME | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| SOCIAL SECURITY # | | | | | | | | | | | | SOCIAL SECURITY # | | | | | | | | | | SOCIAL SECURITY # | | | | | | | | | | SOCIAL SECURITY # | | | | | | | | | | |
| -    - | | | | | | | | | | | | -    - | | | | | | | | | | -    - | | | | | | | | | | -    - | | | | | | | | | | |
| DATE OF BIRTH | | | | | | | AGE | | | | | DATE OF BIRTH | | | | | AGE | | | | | DATE OF BIRTH | | | | AGE | | | | | | DATE OF BIRTH | | | | | | AGE | | | | |
|  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |
| RACE | | | GENDER | | | | | DISABILITY (Y/N)? | | | | RACE | | GENDER | | | | | DISABILITY (Y/N)? | | | RACE | | GENDER | | | | DISABILITY (Y/N)? | | | | RACE | | GENDER | | | | | DISABILITY (Y/N)? | | | |
|  | | |  | | | | |  | | | |  | |  | | | | |  | | |  | |  | | | |  | | | |  | |  | | | | |  | | | |
| Childcare Service Type | | | | | | | | | | | | Childcare Service Type | | | | | | | | | | Childcare Service Type | | | | | | | | | | Childcare Service Type | | | | | | | | | | |
|  | | Full-Time |  | | Before School | | | |  | After  School | |  | Full-  Time | |  | Before School | | | |  | After  School |  | Full-Time |  | Before School | | | |  | | After  School |  | Full-Time |  | Before School | | | | |  | After School | |
|  | | Part-Time | Before & After School | | | | | | | | |  | Part-  Time | | Before & After School | | | | | | |  | Part-Time | Before & After School | | | | | | | |  | Part-Time | Before & After School | | | | | | | | |
| **(Official Use ONLY)** | | | | | | | | | | | | **(Official Use ONLY)** | | | | | | | | | | **(Official Use ONLY)** | | | | | | | | | | **(Official Use ONLY)** | | | | | | | | | | |
| Person ID | | | | | | | | | | | | Person ID | | | | | | | | | | Person ID | | | | | | | | | | Person ID | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| Effective Date | | | | | | Expiration Date | | | | | | Effective Date | | | | | | Expiration Date | | | | Effective Date | | | | | Expiration Date | | | | | Effective Date | | | | | Expiration Date | | | | | |
|  | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | |
| **ADOPTIVE PARENT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADOPTIVE PARENT NAME | | | | | | | | | | | SOCIAL SECURITY # | | | | ADDRESS | | | | | | | | | COUNTY OF RESIDENCE | | | | | | EMAIL | | | | | | PHONE NUMBER | | | | | | |
| 1. | |  | | | | | | | | | -    - | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |
| 2. | |  | | | | | | | | | -    - | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |

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| --- | --- | --- | --- |
| **REASON FOR REQUEST FOR CHILDCARE SERVICES** | | | |
|  | The child was adopted from DCS foster care and is currently a recipient of Adoption Assistance. | | |
|  | The child has been approved for Adoption Assistance and is anticipated to be adopted on      . | | |
| **REQUIRED VERIFICATION** | | | |
|  | A copy of the adoption assistance agreement submitted with the application for childcare assistance and/or electronically filed in the child’s subsidy record. | | |
|  | A copy of each CHILD’S BIRTH CERTIFICATE and SOCIAL SECURITY CARD in the adoptive name is REQUIRED unless the adoption has been finalized for less than nine (9) months. Exceptions to this requirement may be considered in extenuating circumstances and on a case-by-case basis. | | |
| **CHILDCARE PROVIDER INFORMATION *(Provider Information is required to process the referral.)*** | | | |
| PROVIDER NAME: | | | PROVIDER PHONE NUMBER: |
| PROVIDER ADDRESS: | | | PROVIDER COUNTY: |
| **SIGNATURE OF ADOPTIVE PARENT(S)** | | | |
| ADOPTIVE PARENT SIGNATURE: | | | DATE: |
| ADOPTIVE PARENT SIGNATURE: | | | DATE: |
| **FOR DCS OFFICIAL USE ONLY** | | | |
| **DCS APPROVAL** | | | |
| APPROVED | | | |
| DENIED | | DENIAL DATE: | |
| TERMINATION | | TERMINATION DATE: | |
| **REASON FOR DENIAL OR TERMINATION OF CHILDCARE SERVICES:** | | | |
| DCS CHILDCARE ASSISTANCE SPECIALIST: | |  | DATE: |
| DCS CHILDCARE ASSISTANCE APPROVER: | |  | DATE: |

**TCA 36-1-205**

Whoever knowingly obtains, or attempts to obtain, or aids, or abets any person to obtain, by means of willfully false statement or representation or by impersonation, or other fraudulent device, any assistance on behalf of a child or other persons pursuant to the Interstate Compact on Adoption and Medical Assistance to which such child or other person is not entitled or assistance greater than such child or other person is entitled, commits a Class E felony. (*This means that making any statement that is not true OR failing to inform the Agency of any later change that might affect the adopted child’s eligibility for the current assistance may result in criminal charges.)*