



**State of Tennessee**  
**Department of Children's Services**

# ***Interdependent Living Manual***

**Interdependent Living Program**

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# **Chapter I**

## **Interdependent Living Protocols/Guides**



**State of Tennessee**  
**Department of Children's Services**

**Subject: Ansell Casey Life Skills Assessment Protocol**

## **FAQs**

### **Ansell Casey Life Skills Assessment (ACLSA)**

Youth 14 years of age and up are to have a life-skills assessment completed at least annually. The assessment we are primarily using is the Ansell Casey Life Skills Assessment (ACLSA) that can be found on line at [www.caseylifeskills.org](http://www.caseylifeskills.org). This assessment is based on developmental age rather than chronological age. There are two sections, one for youth and one for caregiver. The long-form versions of the ACLSA should be used. The ACLSA Assessment Supplements can be administered when it's identified that youth have specific life skill needs.

If you do not have access to a computer, the ACLSA can also be printed off so the youth &/or caregiver can take the assessment; then the FSW can key it in the computer for results. The computer will process and provide immediate results. The results can be reviewed against Benchmark Data available on the website, so you can see how an individual youth's responses compare with national averages for others with similar demographic characteristics. These are available here:

[http://www.caseylifeskills.org/pages/assess/assess\\_benchmark.htm](http://www.caseylifeskills.org/pages/assess/assess_benchmark.htm)

It is extremely important that the results (Strengths and Concerns) are discussed with the youth and caregiver, and must be used to develop goals in the IL section of the permanency plan, non-custodial plans or in the Post-Custody ILP. Information and tools (such as the Life Skills Guidebook) are available on the website that can help you, the youth and the youth's team address the applicable areas of these plans. These are available here:

[http://www.caseylifeskills.org/pages/lp/lp\\_quick\\_start.htm](http://www.caseylifeskills.org/pages/lp/lp_quick_start.htm)

A copy of the ACLSA results should be filed in the youth's case file.

Please use the child's first name, middle initial, and last name where it asks for the youth ID (no worries, this is a highly secure website). Caregivers completing the assessment need to do this within 42 days of the youth's assessment and the same youth ID needs to be used.

Please ensure that when you use the ACLSA, you indicate the ORGANIZATION ID- for example, if you are a DCS FSW in the East Region, the organization ID is TNDCSEAST. If you are a private agency staff person such as Omni in the Knox region, your organization ID would be TNDCSKNOXOMNI. The beginning of the Organization ID MUST be TNDCS.

You will also see a place for e-mail addresses-this is for copies of the assessment results to be sent to various people.

- ◆ Please be sure that one of the e-mail addresses you fill out is to the IL Program Specialist.

ACLSA Website: [www.caseylifeskills.org](http://www.caseylifeskills.org)

ACLSA Levels: Levels are based on the developmental age of the youth-see website for special explanation.

Youth ID: First name, Middle initial, last name

Organization ID: Organization IDs MUST begin with TNDCS

Org ID by DCS Region:

TNDCSDAV

TNDCSHAM

TNDCSSW

TNDCSNE

TNDCSSE

TNDCSUC

TNDCSSC

TNDCSSM

TNDCSMC

TNDCSSHELBY

TNDCSEAST

TNDCSKNOX

TNDCSNW

#### **Data Received Upon Completion of ACLSA:**

- **Raw Data:** Combination of scores to all questions in category
- **Mastery Data:** Every time response is “very much like me” or “very much like the youth”
- **Performance Data:** What youth actually knows
- **Learning Plan:** Specific suggestions on how to strengthen areas of need. Developed via the guide-lines contained in the Life Skills guidebook.

See policies: [16.51, Interdependent Living Plan](#) and [16.53, Identifying and Assessing Interdependent Living Services](#) for further information.



**State of Tennessee**  
**Department of Children's Services**

**Subject:**

**Essential Documents List**

- State Issued Identification Card
- Driver's License (if applicable)
- Social Security Card
- Resume (when work experience can be described)
- Medical records (to include immunization record)
- TennCare Card
- Birth Certificate
- Religious Documents and Information (if applicable)
- Documentation of Immigration, or Naturalization (if applicable)
- Death Certificate (if parents are deceased)
- Life Book
- List of adult relatives and other supportive adults
- Previous placement information
- Education records

See Policies <http://www.state.tn.us/youth/dcsguide/policies/chap16/16.51.pdf> and [16.54, Provision of Voluntary Post-Custody Services to Young Adults](#) for further information.

**IL Wraparound List**  
**Interdependent Living Program for Youth Ages 14-21**

**Youth Placed in Secure Facilities are Not Eligible for Items on the List**

Name	Eligibility	Verification Required with Referral
College Kick-Off	Youth in state custody or receiving DCS Voluntary Post-Custody Services, and attending a post secondary Program for the first time.	Provide verification of enrollment. This request should be submitted during the first session of the young adult's first year of the Post-Secondary program.
Honor/Senior Class Trip (School Related Activity)	Youth in state custody or receiving DCS Voluntary Post-Custody Services.	Provide details of activity with associated cost. Provide report card/progress report. One time only.
Interdependent Living Class Stipend	Youth in state custody or receiving DCS Voluntary Post-Custody Services.	To provide eligible youth with a stipend for participation in classes and demonstrating mastery of skill. Upon completion of Class. Provide proof of attendance.
Post Secondary Application	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	For post-secondary school/training programs having a Federal School Code. Provide documentation of program, cost, and enrollment.
Summer School	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services. High school only.	Provide Report Card and cost. Investigate with youth's Guidance Counselor or your regional Education Specialist whether youth is eligible for a fee waiver prior to making this fiscal referral.
Testing Fees(SAT,ACT, GED)	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide documentation of test center & fee. Document that the fee was requested to be waived.
Tutoring	Youth in state custody or receiving DCS Voluntary Post-Custody Services.	Explore tutoring services available through the schools the youth attend, faith-based communities, or local community centers( i.e. YMCA, Urban League, Girls Inc, Boys & Girls Club) prior to making this fiscal referral. Provide name of vendor, length of time services needed, report card, and associated costs.

**Interdependent Living Program for Youth Ages 14-21**

**Housing**

Name	Eligibility	Verification Required with Referral
Household Furnishing	Young Adults Receiving DCS Voluntary Post – Custody Services.	Provide verification of needed services and associated cost. Provide details regarding the need for this request. If forced to buy new, two bids required. Lifetime limit.
Housing Application/Fees for Post Custody	Young Adults Receiving DCS Voluntary Post – Custody Services.	Provide documentation of program, cost, and admission status.

**Interdependent Living Program for Youth Ages 14-21**

**Job Training**

Name	Eligibility	Verification Required with Referral
Completion of job readiness training	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of job readiness training completion. <b>One Time Only.</b>
Interview clothes/Uniforms	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of needed services and associated cost.
Job start-up costs	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of needed services and associated cost.
Materials/Uniforms for Vocational Studies.	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of needed services, associated cost and program enrollment.

## Interdependent Living Program for Youth Ages 14-21

### Transportation

Name	Eligibility	Verification Required with Referral
Car insurance	Young Adults Receiving DCS Voluntary Post – Custody Services.	Provide proof of ownership(title) and/or registration (must be in the young adult's name), quote with name of insurance company. Insurance must be in young adult's name. <b>Lifetime Limit.</b>
Car Repairs	Young Adults Receiving DCS Voluntary Post – Custody Services.	Provide proof of ownership (title) and/or registration (must be in young adult's name), and proof of car insurance. Estimates from 3 vendors required-if quotes require no additional cost.
Driver's Education Class Fees	Youth in state custody or young adults receiving DCS Voluntary Post-Custody services.	Seek services through high school programs prior to submitting the referral. Provide verification of needed service and associated cost. <b>One time only.</b>
Driver's Testing Fees	Youth in state custody or young adults receiving DCS Voluntary Post-Custody services.	Provide documentation of test center & fee.
Transportation Assistance	Young Adults Receiving DCS Voluntary Post – Custody Services and commuting to school and /or work.	Youth are not eligible if residing on college campus. If youth owns a vehicle, must provide proof of ownership/ car insurance. If youth car-pools, must provide proof of car insurance on the vehicle the youth will be transported in. If youth is utilizing van transportation services, request the amount of that service for the month not to exceed \$60.00/mo. If bus pass, then request the amount of the monthly bus pass.

## Interdependent Living Program for Youth Ages 14-21

### Special With Interdependent Living Director's (Or Designee's) Specific Approval

Name	Eligibility	Verification Required with Referral
Child Care Assistance	Young Adults receiving DCS Voluntary Post-Custody Services and attending an educational program	<b>Please assist the young adult with applying for services via DHS prior to submitting a fiscal referral.</b> To provide child care assistance in order to help the parent maintain self-sufficiency and stability, progress in the applicable educational program and to prevent the child from entering state custody. Please include whether services from DHS are pending or were denied.
Other Special needs- unique to youth services	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	Needed to help prepare youth for self sufficiency and meet a well-being related goal. <b>Requires Director's approval.</b>
Tools/Equipment (Technical/Vocational Programs)	Young Adults receiving DCS Voluntary Post-Custody Services and attending a technical school program.	For the cost of tools/equipment not covered by financial aid, ETV or the State Funded Scholarship. Provide documentation of program, cost, and admission. Estimates from 3 vendors required-if quotes require no additional cost.
Youth Leadership Stipend	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services and participating in Academy to become leaders of Youth Councils or participating in Youth Leadership activities.	Verify successful completion of the leadership academy or related activity.
Housing Related Fees	Young Adults receiving DCS Voluntary Post-Custody Services. Fees may include initial housing start-up costs such as deposits (phone, utilities, rental). <b>Housing deposits are to be disbursed One Time Only.</b> Fees may also include the initial rental payment to secure housing until other financial supports, such as the Interdependent Living Direct Payment Allowance, are established. Emergency rental payments may also be authorized.	For deposits: Provide verification of needed service and associated cost. For rent-related expenditures: Provide verification of rental amount if the young adult is renting from a vendor (apartment complex, etc.) If a payment is being provided to assist the young adult with general room and board expenses, provide verification of financial need. In such circumstances, it is acceptable to utilize the rates outlined in policy <a href="#">16.56 (Interdependent Living Direct Payment Allowance, Section B)</a> as a guideline. A budget is required in all cases to verify that financial need was considered. <b>Requires Director's approval.</b>

**Interdependent Living Program for Youth Ages 14-21**  
**Educational**

Name	Eligibility	Verification Required with Referral
Good Grades Incentive	Youth in state custody age 14 & up attending elementary, junior, or high school.	Provide verification of the most recent Report Card.
Graduation Package	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	Graduating from a Secondary educational program only. Referrals can be made for: Senior Pictures, Graduation announcements/Invitations. "School Spirit" packages, class ring. Provide Proof of Graduation (letter from the school's guidance office) & cost.
Membership/activity fees for extracurricular or leadership activities	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	High school or college only. Verify that the activity is related to an educational program.
Senior Event Related Transportation	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	Graduating from a Secondary educational program only. Provide Proof of Graduation & Document Cost.
Special Senior Clothing	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	Graduating from Secondary schooling only (i.e. Prom Attire, Cap, Gown) Provide Proof of Graduation & Document Cost
Uniforms/clothing for extracurricular activities	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	High school or college only. Verify that the activity is related to an educational program.
Yearbooks	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	High School or College only.

**Interdependent Living Program for Youth Ages 14-21**  
**Educational**

Name	Eligibility	Verification Required with Referral
College Kick-Off	Youth as defined below, and attending a post-secondary program for the first time.	This request should be submitted during the first semester of the young adult's freshman year of college.
Post-Secondary Application	Youth as defined below	For post-secondary school/training programs having a Federal School Code. Provide documentation of program, cost, and enrollment.
Testing Fees ( SAT, ACT, GED)	Youth as defined below	Provide documentation of test center & fee.
Graduation Package	Youth as defined below	Graduating from a Secondary educational program only. Referral can be made for: Senior Pictures, Graduation announcements/Invitations, "School Spirit" packages, class ring. Provide Proof of Graduation (letter from the school guidance office) & Cost.
Special Senior Clothing	Youth as defined below	Graduating from a Secondary educational program only. ( i.e. Prom attire, Cap, Gown) Provide Proof of Graduation & Document Cost.
Uniforms/clothing for extracurricular activities	Youth as defined below	High School or College only. Verify that the activity is related to an educational program.
Yearbooks	Youth as defined below	High School or College only.

These funds are potentially available for DCS custodial youth age 15 or above who exit custody to Adoption or Subsidized permanent Guardianship. The Family, Youth and DCS will determine the financial need for assistance with any or all of the following items. Other resources must be considered prior to requesting these funds (i.e. family's ability to utilize existing subsidy to cover costs, child support, youth employment, etc.) The total financial assistance cannot exceed \$1500 per youth.



**Subject:**

**ETV and SFS File Index**

**File Index**

**DCS Involvement Confirmation**

- Adoption Finalization/Birth Certificate (if applicable)
- Subsidized Permanent Guardianship verification (if applicable)

**Interdependent Living Allowance**

- Interdependent Living Allowance Agreement (if applicable)
- Interdependent Living Allowance Waivers (if applicable)

**Grades and Class Schedule**

- Grades /Transcripts (if applicable)

**Financial**

- Billing from School
- DCS Invoice

**DCS Scholarship**

- DCS Financial Aid Award Letter

**Application and Verification**

- Application
- FAFSA Student Aid Report or Other Verification of Financial Aid
- Financial Aid Award Issued by school
- School Cost Information
- Secondary Diploma, GED, etc. as applicable
- Post Secondary Acceptance Letter
- Other Waivers, Releases and Verifications

**All items are also required for State Funded Scholarship applicants/recipients, as applicable**

See policies: [16.54, Provision of Voluntary Post-Custody Services to Young Adults](#) and [16.55, Post Secondary Scholarships: Education and Training Vouchers \(ETV's\) and State Funded Scholarships \(SFS\)](#) for more information.

# **Chapter II**

## **Additional Program Guides & Web Links**



**Subject:**

**Alternative Life Skills Assessment Protocol**

**Additional Information:**

A particular issue was identified as it relates to establishing a Life Skills Assessment date in the Interdependent Living tab in the Custodial Permanency Plan. The Permanency Plan in the current TNKids build requires a Life Skills Assessment date that pre-dates or equals the plan's date, and cannot be more than a year older than the plan's date.

There are two situations when it may not be possible to complete a Life Skills Assessment to comply with this system requirement, particularly for initial Permanency Plans:

1. When a youth is AWOL
2. When a youth is developmentally delayed to the extent that a specialized and clinically identified assessment must be recommended, and this cannot occur in sufficient time to establish this information in the required field.

Please utilize the following steps to ensure that the Permanency Plan can be completed:

- Request approval from the applicable Team Coordinator. The Team Coordinator will document this approval in TNKids.
- Once approval is granted, enter the plan's date in the Life Skills Assessment date field and adequately explain in the required areas why a life skills assessment could not be administered. This will allow the plan to be completed.
- Submit a Help Desk Ticket requesting removal of the Life Skills Assessment date once the plan is in Pending status. This will ensure that there is not an arbitrary date in that field.
- Once the Life Skills Assessment date field is adjusted, proceed to Approval.

These are the only instances that will warrant an override. The appropriate Life Skills Assessment must be administered at the first available opportunity, and the results utilized to complete the applicable sections of the Interdependent Living tab upon the next Permanency Plan review.

See Policies: [16.51, Interdependent Living Plan](#) and [16.53, Identifying and Assessing Interdependent Living Services](#) for more information.

## **Child and Family Team Meeting Protocol**

For a copy of the Child and Family Team Meeting Protocol please use the following link:  
<http://www.state.tn.us/youth/dcsguide/policies/chap31/CFTProtocol.pdf>



## ***Protocol for Continuation of TennCare Eligibility for Children Exiting Custody***

- ◆ At the Child and Family team meeting for exit preparation, the FSW and/or Facilitator will obtain the mailing address of where the child will be living upon leaving custody. They will also inform the family or youth that their TennCare will be changing from the status of being eligible (because the child is in custody), to regular eligibility. However, families and youth should be made aware that when their eligibility status (because they are ending custody) is closed, the TennCare program will be sending them an application to extend TennCare benefits. This is a simple- to- complete brown application. The families should complete the brown application and send it to TennCare. Eligibility will be extended to the next “re-determination” period, and the family will go to DHS at that time. DHS will work with the family to see if they qualify for TennCare in any other category of eligibility.
- ◆ A one page handout is available to provide to families and youth upon exit or at the exit CFTM reminding them to complete the brown application.
  - Upon exit from DCS custody, the FSW will complete the exiting survey.
  - At this time, a forwarding address is entered into TNKids.
  - The CWBC will use a TNKids generated report that will serve as notification that the child has exited care. The CWBC will then enter the forwarding address into ACCENT. In this way, the TennCare address is the new forwarding address for the child /youth.
  - TennCare will close out the eligibility for the child/youth based on the ACCENT entered information. There is a time frame before the eligibility ends, generally 30 to 45 days, so that there is a notice period before TennCare eligibility for the child/youth ends.
  - At the time of eligibility closure, the extension application is mailed from TennCare. The family/youth must complete this extension application. By doing so, the TennCare eligibility is extended, and then the family goes to DHS at a later time for a re-determination to see if they qualify for benefits.
- ◆ Individual not qualifying for TennCare may be able to qualify for Cover Tennessee, and information is available at <http://cover-tenn.org/>. If families are aware that they may not qualify for TennCare and they are uninsured, they should be referred to Cover Tennessee

See: <http://www.state.tn.us/youth/dcsguide/policies/chap16/TNCareEligExCustody.pdf>

# Chapter III

## Forms and Web Links

**\*\*\* The forms listed in this section are for guidebook inclusion only. To access the current form needed for field use, a link has been established at the end of each form in this section.**



Tennessee Department of Children's Services

## Rights and Responsibilities to Receive DCS Post-Custody Services

*Please print clearly.*

Young Adult: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ - -

DCS Family Service Worker: \_\_\_\_\_ County: \_\_\_\_\_

DCS Voluntary Post-Custody Services are available to young adults ages 18-21, and up to 23 years of age if making satisfactory progress in school at age 21. Young adults are eligible to receive these services, as outlined in policy, to assist them in meeting their educational and employment goals. The young adult must have been in DCS custody and considered to have been in a foster care placement at age 18.

Please read each of the following statements carefully and discuss any question you may have with your DCS Family Service Worker. When you understand the statement and agree please put your initials in the box next to it.

I, \_\_\_\_\_ **Have The Right To:**  
Print Name

- 1. Receive an individualized life skills assessment of my strengths and needs.
- 2. Develop an Interdependent Living Plan with help from the Family Service Worker using the assessment results.
- 3. Review and update my IL Plan annually or more often if circumstances warrant it.
- 4. Receive life skills training which may include classroom instruction, workshops, and online instructional opportunities.
- 5. Pursue post-secondary education and request educational monetary assistance through the Chafee Educational Training Vouchers or the State Funded Scholarship.
- 6. Receive all essential documents upon discharge from DCS custody.
- 7. Legally sign documents and enter into contracts for myself.
- 8. Request assistance obtaining safe and affordable housing.

I, \_\_\_\_\_ **Have the Responsibility To:**  
Print Name

- 1. Work toward the goals I have set in my Interdependent Living Plan.
- 2. Live by the rules and laws of society. These are set to ensure safety and respect of others.
- 3. Maintain academic eligibility in approved educational program and maintain sufficient enrollment

to complete the program within reasonable timeframes as defined by the institution.

- 4. Work part time if I go to school part time & full time when not in school.
- 5. Live on campus my freshman year if the education program I'm attending has housing.
- 6. I understand that DCS will only contribute to my portion of the housing costs if I have an apartment I share with a roommate and DCS is providing financial assistance.
- 7. Reapply for TennCare once I turn 18. My Family Service Worker will assist me in applying for TennCare when I ask. If I have not applied within 30 days after turning 18, I will be in danger of losing my medical coverage.
- 8. I understand all of these services are voluntary and I maintain eligibility by following the guidelines of this agreement and the goals of my Interdependent Living Plan.

**I read the above statements and discussed any questions I have with my Family Service Worker and others to get clarity. I understand that if I do not follow this agreement it may result in my no longer being eligible for voluntary services through the Department of Children's Services.**

**Young Adult's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Service Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

See <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0488RightsandResponsibilitiestoReceiveDCSPost-CustodyServices.doc> for a working copy of this document.



Tennessee Department of Children's Services  
**Justification for Providing Services to Persons  
Over 18**

Name:		DOB:	
SS#: - -	Date of Custody:	TNKids ID#:	
County:	Family Service Worker:		
Current Placement:		Level of Care:	

<p><b>1. Adjudication at Discharge</b>    <input type="checkbox"/> D&amp;N    <input type="checkbox"/> Unruly    <input type="checkbox"/> Delinquent Additional adjudication since being in care? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what?</p>
<p><b>2. Interdependent Living Plan</b> Updated at Discharge CFTM    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>3. Education</b> Level of Education at Discharge: _____    Target Date for Completion: _____</p>
<p><b>4. Career Planning &amp; Work Life</b> Does young adult work?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Part-time    <input type="checkbox"/> Full Time    Hours/week <input type="checkbox"/> Summer Employment Only Vocational Rehabilitation Assessment Completed?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>5 Comments on Availability of Family and Other Supports</b></p>
<p><b>6. Health/Mental Health/Self Care</b> If young adult has been covered by Tenn Care, has reapplication been completed?    <input type="checkbox"/> Yes    <input type="checkbox"/> No Diagnosis of Mental Retardation?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If so, what is IQ? Date referred to DMRS? Has a Conservator been applied for?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    been appointed?    <input type="checkbox"/> Yes    <input type="checkbox"/> No Mental Health Diagnosis?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If so, what is the primary DSM IV diagnosis? Date referred to Community Mental Health Agency:</p>
<p><b>7. Housing</b> Describe current placement: Is an adjustment of the current placement required or recommended?    <input type="checkbox"/> Yes    <input type="checkbox"/> No If so, please explain.</p>
<p><b>8. Life Skills and Daily Living</b> Date of last life skills assessment: Life skills instruction provided per policy?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**9. Finances and Money Management**

Has budget been completed?  Yes  No

Does young adult have a bank account established?  Yes  No

**10. Exit Survey**

Has exit survey been completed?  Yes  No

Date all essential documents provided to the young adult:

Submitted  
by:

Date:

\_\_\_\_\_  
*Family Service Worker*

Approved  
by:

Date:

\_\_\_\_\_  
*Regional Administrator or Designee*

Approved  
by:

Date:

\_\_\_\_\_  
*Interdependent Living Director or Designee*

See: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0489JustificationforProvidingServicesToPersonsOver18.doc> for a working copy of this document.



Tennessee Department of Children's Services

# Voluntary Post-Custody Discharge Summary

Name of Youth: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

### Mailing Address at Time of Discharge From Placement:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Region: \_\_\_\_\_

1. Gender:  Male  Female

2. Age at Discharge:  18  19  20  21  22  23

3. Race:  White  African American  Hispanic  Other

4. Services Provided While in DCS Voluntary Post-Custody Services (check all that apply):  
 Educational Assistance  
 Life Skills Instruction  
 Mentoring  
 Teen Conferences/Retreats/Group Work/Workshops  
 Other (explain)

5. Was a Referral made for Vocational Rehabilitation?  Yes  No  
Was young adult eligible?  Yes  No  
If eligible, what services were offered?

6. Was a Referral made for Mental Health Services?  Yes  No  
Was young adult eligible?  Yes  No  
If eligible, what services were offered?

7. Was a Referral made to DMRS?  Yes  No

Was young adult eligible?  Yes  No

If eligible, what services were offered?

8. Outcome at Discharge (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Unemployed   | <input type="checkbox"/> Completed educational plan |
| <input type="checkbox"/> Employed part-time (less than 32 hrs.)                                       | <input type="checkbox"/> Received associate degree  |
| <input type="checkbox"/> Employed full time (32 hrs. or more)   | <input type="checkbox"/> Received BS or equivalent  |
| <input type="checkbox"/> Attending high school  | <input type="checkbox"/> Subsidized housing         |
| <input type="checkbox"/> Attending GED classes  | <input type="checkbox"/> Non-subsidized housing     |
| <input type="checkbox"/> High school graduate   | <input type="checkbox"/> Military                   |
| <input type="checkbox"/> High school drop/out with GED  | <input type="checkbox"/> Job Corps                  |
| <input type="checkbox"/> High school drop/out with no GED   | <input type="checkbox"/> Vocational Rehabilitation  |
| <input type="checkbox"/> Married during time receiving services                                       | <input type="checkbox"/> Parent of a child          |
| <input type="checkbox"/> Depending on public assistance programs, such as Families First, Food Stamps |   |

9. Anticipated Services Post-Discharge (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Transitional Living | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Crisis Counseling   | <input type="checkbox"/> Housing            |
| <input type="checkbox"/> Mentoring           |   |

10. Discharge CFTM

Date of Discharge CFTM:

Date of Transitional Living Plan:

Date notice of termination was provided to young adult, if applicable:

Date information provided to young adult regarding their right to due process:

Date the Interdependent Living Program Review Request form was provided to young adult, if applicable:

11. Indicate the Highest Skill Level Obtained in each Core Area at the time of Discharge.

		Minimal	Adequate	Exceptional
a.	Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Food management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Personal appearance and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Job seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Educational planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Emergency and safety skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Knowledge of community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# **Instructions for Use of Form Application for Post Secondary Funding, CS-0599**

This form is used to request Chafee ETV and State Funded Scholarships. It needs to be completed for each Semester/Trimester or Quarter funds are requested. Please fill out in full and include copies of all applicable documents listed below.

Please attach on the initial Application:

- Acceptance Letter from School
- High School Diploma or Equivalent
- Adoption Papers (if applicable)
- Subsidized Permanent Guardianship Verification (if applicable)
- ACT/SAT verification (if applicable)
- Written Statement from the Young Adult

Please attach on All Applications:

- Confirmation of FAFSA (SAR) application (Yearly)
- Release of Information Authorization
- Latest Post Secondary Grades available (if applicable)
- Financial Aid Award Letter
- Educational Program Cost of Information



**Tennessee Department of Children's Services**  
**Application for Post Secondary Funding**

Term/Semester		Year	
<b>Applicant Information</b>			
Name			SS#
DOB	Email Address	Telephone #	( ) -
Mailing Address			
City			State
Zip Code			
Current Status	<input type="checkbox"/> Foster Care <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Adopted <input type="checkbox"/> Subsidized Guardianship		
<b>Post-Secondary School</b>			
School Name			
Financial Aid Person			
Office Telephone #	( ) -	Office Fax #	( ) -
<b>Financial Aid Information</b>			
<b>Estimated Cost of Attendance</b>		<b>Grants and Scholarships</b>	
Tuition and Fees	\$	Pell Grant	\$
On Campus Housing	\$	SEOG	\$
Meal Plan	\$	TSAC	\$
Books and Supplies	\$	Other Grants and Scholarships (Please Name)	
Other	\$		\$
	\$		\$
<b>Total Costs</b>	<b>\$</b>	<b>Total Aid</b>	<b>\$</b>
Scholarship Request	<input type="checkbox"/> ETV <input type="checkbox"/> State Funded Scholarship		\$
Hours Taking	<input type="checkbox"/> Full Time (12 or more credit hours per term) <input type="checkbox"/> Part Time (Less than 12 credit hours per term)		

Young Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (if youth is under 18)

Copy to: DCS Scholarship Administrator, 1280 Foster Avenue, Menzler #1, Nashville, TN 37243

See: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0599ApplicationforPostSecondaryFunding.doc> for a working copy of this document.

## Department of Children's Services

### Instructions for Use of Form CS-0668, Authorization For Release of Information To the Department of Children's Services

Use this form to Receive information or records needed on children/youth or parents, resource parents or other individuals as applicable.

Use this form to RECEIVE educational and criminal background checks information and records on employees or volunteers. This form may not be used to obtain Medical and Psychological information on employees or volunteers. For this type of information regarding employees or volunteers, consult with the appropriate DCS Human Resources Representative or Contact the DCS Office of Human Resources.



**Tennessee Department of Children's Services**  
**Authorization for Release of Information to the Department of Children's Services and Notification of Release**

I hereby authorize any representative of the Tennessee Department of Children's Services bearing this release, or a copy of same, to obtain information from your files, including any information deemed to be confidential. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services. Failure to grant access to needed information to provide services may result in a court-ordered request for information.

It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information. I may revoke this consent to release of information at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization is valid until such request is fulfilled, but not to exceed one (1) year from\* date of my signature. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified below:

**Identifying Information of Individual to Whom this Release Pertains:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ \* DATE: \_\_\_\_\_

(If this information is for the child, the child's parent or legal guardian must sign this release if the child is under the age of 18)

The information requested below is regarding:

- Child-Specific Information
- Adult-Specific Information (Parents, Foster parents, Guardians)
- Employee, Volunteer (Items 2 and 3 below **does not apply** to employees and volunteers)

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Educational records  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Medical Records, including examinations, laboratory tests, and prescribed treatments. (List specific medical information needed: <u>does not apply to employees or volunteers</u> ):                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Psychological/Psychiatric/Mental health Treatment Records, including any associated test results. (List specific Psychiatric/Mental health information needed: <u>Does not apply to employees or volunteers</u> ): |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Employment Records   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Background/Criminal History Checks, including Polygraph, and Fingerprint Results   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Personal Finance/Credit History/Insurance Records (as applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. <b>Other-(Specify):</b>  |

Unable to locate requested information     Requested information could not be released: Reason \_\_\_\_\_

Information released by: \_\_\_\_\_ Date: \_\_\_\_\_

DCS Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DCS Office: \_\_\_\_\_ Address: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

See: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/AuthorizationforReleaseofInformationtoDCS-CS-0668.pdf>

# Instructions for Use of Form CS- 0746, Meeting Notification

Date the correspondence

Complete letter recipient's name and address information

Complete the sender's name, address

Identify each child invited to the meeting.

Ensure the child(ren's) name(s) are added to the document in the required spaces.

Identify all individuals who have been invited to the meeting and plan to attend.

Add the meeting location, date and time.

Check appropriate box to identify the meeting type. Fill in Special/Other blank if meeting type is not listed.

Read notes regarding **exceptions to permanency hearings** and IEP meetings.

For IEP meetings, provide parents with a copy of their Parental Rights (attached).

Enter a contact number for the sender of the notification to provide a source for questions regarding the meeting.

Place a copy of each Meeting Notification sent in the child's case file.



**Tennessee Department of Children's Services**  
**Meeting Notification**

Date:

Recipient's Name  
 Street Address  
 City, State and Zip Code

Sender's Name  
 Street Address  
 City, State and Zip Code

Re Child(ren)'s Name(s)

A meeting has been scheduled to discuss Enter Child(ren)'s Name(s) individual needs and progress. Your input is very important and you are asked to attend this meeting. If you cannot participate in person, we may be able to have you participate by telephone. You may send a written statement containing all the facts, concerns, and pertinent comments you wish to share regarding Enter Child(ren)'s Name.

Your input is very important and you are asked to attend this meeting. The other persons present at the meeting will be the appropriate professionals necessary to plan a treatment program for your child. The following people have been notified and plan to attend:


If you cannot attend, please notify me as soon as possible. If you plan to send a letter, please allow sufficient time for your letter to arrive. We may be able to arrange for you to participate by telephone provided there is enough notice.

All children/youth are encouraged to attend, provided they are comfortable attending (**See exception below regarding Permanency Hearings**). Please keep in mind the meeting may be lengthy and we are unable to provide any babysitting services.

The meeting will be held at Enter Meeting Address/Location on Enter Meeting Date at Enter Meeting Time.

Please call Enter Contact Number to confirm, prior to the meeting to ensure there have been no changes.

The meeting type is:

- |  |  |
|--|--|
| <input type="checkbox"/> Permanency Plan Hearing           | <input type="checkbox"/> Judicial/Court Review               |
| <input type="checkbox"/> Child and Family Team Meeting     | <input type="checkbox"/> Foster Care Review Board            |
| <input type="checkbox"/> Classification                    | <input type="checkbox"/> Reclassification                    |
| <input type="checkbox"/> Individual Program Planning (IPP) | <input type="checkbox"/> Program                             |
| <input type="checkbox"/> IPP Review                        | <input type="checkbox"/> Quarterly Review                    |
| <input type="checkbox"/> Release/Discharge                 | <input type="checkbox"/> Individual Education Planning (IEP) |
| <input type="checkbox"/> Staffing                          | <input type="checkbox"/> Special/Other (Specify): _____      |

**Note:**

- ◆ **Children are required to attend permanency hearings unless they reside out of state. All children placed within the state must still attend permanency hearings unless they are under a doctor's care. A doctor's note is to be provided to the court to justify the child's absence (TCA 37-2-409).**
- ◆ **In cases of IEP meetings to discuss special education services, you will find a list of your rights attached.**

I thank you in advance for your participation and ask that you contact me at Enter Contact Number if you have any questions.

Sincerely,

Sender's Name

Sender's Title

**Parental Rights- IEP Meetings Only**

You have access to all school records, files, and reports pertaining to your child, including results of the formal assessment and how the findings are used. You can request that records be amended.

You have the option to give or refuse educational program recommendations for your child.

You have the option to get an outside evaluation of your child if you are not satisfied with the results of our assessment.

You have the right to request that this educational program be reviewed by appropriate school administrators if you do not agree with the program.

You have the right to request that the recommended educational program be reviewed by appropriate school administrators if you do not agree with the program.

You have the right to an interpreter/translator if you do not speak English.

You have the right to a hearing if efforts to resolve a difference of opinion regarding the education of your child cannot be resolved in informal meetings. After a hearing, you can have a verbatim record of the hearing and written findings and decisions. If you disagree with the results, you may take the matter to court.

See: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0746MeetingNotification.doc>



**Tennessee Department of Children's Services**  
**Refusal of DCS Voluntary Post Custody Services Notification**  
**Youth Leaving Custody**

*Please print clearly.*

Youth Name:		SSN:     -   -
Birth Date:	County :	Date Youth Left:
Current Address:		
City:	State:	Zip Code:
Reason(s) Refusal of Post-Custody/Voluntary Services: (completed by youth)		

I \_\_\_\_\_ ) have been made aware of the DCS Voluntary Post-Custody ( \_\_\_\_\_ ) Services that are available should I choose them. I have met with my Family Service Worker and my Child and Family Team to discuss post custody services at a minimum of two (2) times (separate occasions). Information about options for receiving help, such as Transitional Living Services, was provided to me. I participated in the development of a Transitional Plan as part of my Interdependent Living Plan to create my goals and identify resources needed as I make the transition to adulthood. I have identified supportive adults who can provide assistance after I leave state custody. I understand the services that have been offered, but do not wish to participate at this time. I understand that I can return to DCS and request services before I turn 21 years of age.

**Signatures:**

Youth: _____	Date: _____
FSW/Case Manager _____	Date: _____
Team Leader: _____	Date: _____
Other: _____	Date: _____
Other: _____	Date: _____

See: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0746MeetingNotification.doc> for a working copy of this document.



**Tennessee Department of Children's Services**  
**Notice of Denial, Termination or Change in DCS**  
**Voluntary Post-Custody or Scholarship**  
**Services**

Date of Letter: Date letter is sent certified mail or hand delivered to young adult

Young Adult's Name  
Street Address  
City, State & Zip Code

Dear (Name of the Young Adult):

This letter is to notify you that your

The reason for this action is describe reason for the action.

You may contact our office to discuss this matter further or you may also appeal this decision by completing the attached Interdependent Living Program Review Request. The Office of Interdependent Living must receive the completed form no later than 10th business day from the date of this letter.

You may fax it directly to (615)-253-2220 or mail to:

**Office of Interdependent Living**  
**Department of Children's Services**  
**1280 Foster Avenue, Mensler 1**  
**Nashville, Tennessee 37243**

If you have any additional questions regarding the reason for this action, you may contact me at (Enter Sender's Telephone Number).

If you have any questions regarding your Program Review, please contact the Office of Interdependent Living at (615) 253-0029.

Respectfully,

Family Service Worker's Name  
*Title*  
*County*

See:<http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0760NoticeofDenialTerminationorChangeinDCSVoluntaryPostCustody.doc> for a working copy of this form.



**Tennessee Department of Children's Services**  
**Interdependent Living Program Review Request**

**Section 1**

(To be completed by the young adult or his/her representative)

**I hereby request a program review regarding the case of:**

\_\_\_\_\_ Name of Appellant

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**The reason for my request is as follows:**  
 (Please Print)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signed:**

\_\_\_\_\_

\_\_\_\_\_ Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Telephone No.:

**Section 2**

(To be completed by the sender/FSW / PSD staff /AA designee prior to submission to the young adult)

<b>Case Name:</b>			
Mailing Date of Notice			Effective Date of Change/Action
<b>The reason for the change/action or delay in action:</b> (Explain briefly, indicating whether the issue pertains to agency policy or a matter of fact or judgment relating to the individual case. Attach copies of the notice that was mailed to the young adult)			
Sender's Signature		Date	County
Regional Administrator/Designee		Date	

See: <http://www.tn.gov/youth/providers/forms/CS-0761InterdependentLivingProgramreviewRequest.doc> for a working copy of this form.



**Tennessee Department of Children's Services**  
**Interdependent Living Allowance Agreement**

Date of Application: \_\_\_\_\_

**I. The following Agreement has been entered into by and between:**

Tennessee Department of Children's Services - Office of Interdependent Living							
1280 Foster Avenue, Menzler #1 Nashville, TN 37243					615-253-0029		
<i>Office Address</i>					<i>Telephone #</i>		
Hereafter called the "Agency", and							
Young Adult's Full Name			Client ID				
Young Adult's Address			Telephone Number				
City		State		Zip Code			
Social Security No.		- -		DOB			
County of Venue			County of Residence				
Allotment Code #		359.30-608	Cost Center #	355	DPACONTRACT #	DP-09-2446	

This document is the:     Initial Agreement     Revision Agreement

**II. Guidelines for Young Adults to Receive Payments**

**A. Purpose**

The goal of this direct payment process is to provide young adults who have been in state custody after their fourteenth birthday and have emancipated to adulthood from state custody, with the opportunity to have a successful transition to adulthood, and become self-sufficient through a direct pay (interdependent living allowance, (ILA) resource option. These guidelines apply to young adults who are eligible according to [DCS Policy, 16.56 Interdependent Living Direct Payment Allowance](#). This falls in line with our focus on assisting young adults while offering variable options for transitioning to adulthood.

**B. Who Will Benefit**

These guidelines apply to young adults ages eighteen up to their 21<sup>st</sup> birthday and are not currently receiving other assistance that covers room and board expenses. Young adults may remain eligible up to their twenty-first birthday if in school and making satisfactory progress.

**Satisfactory progress is defined as:**

- ◆ Maintaining a "C" average at a minimum
- ◆ Maintaining a "P" or "S" in their course of study
- ◆ Maintaining an active involvement and satisfactory progress during their internship or apprenticeship
- ◆ Maintaining sufficient enrollment to complete an approved educational program (within a reasonable timeframe) as defined by the institution.

**C. Eligibility Criteria:**

Young adults must meet all of the following criteria to receive the direct pay (Interdependent Living Allowance) resource option.

- ◆ Young adults must be receiving DCS Voluntary Post Custody Services.
- ◆ Young adults must have emancipated from state custody as adults.
- ◆ Young adults who are age eighteen or older attending a post-secondary education program, to include an approved college, university, vocational school, or training program for which the department is not paying room and board.
- ◆ Young adults who are age eighteen or older and not receiving funds to support placement in a foster home, mental health institution, or residential treatment facility.
- ◆ Young adults who are age eighteen or older residing in their own apartment, having secured reasonable housing approved by the Department of Children’s Services as long as they are attending a post-secondary educational or training program.
- ◆ Young adults who are attending school or are participating in a training program part-time are required to be employed at least part-time (minimally twenty hours per week).
- ◆ Young adults must complete a financial management seminar, must have met with an Interdependent Living Program Specialist, signed all required paperwork (W-9, Direct Deposit, ACH application) and established the applicable bank accounts as defined in policy.
- ◆ Juvenile Justice young adults must have attained eighteen years of age in an eligible placement, per policy, to be eligible for this option. Such young adults must otherwise meet the guidelines outlined above.

**III. Payment/Rates**

Rate (select one)		Effective Date
<input type="checkbox"/> ILA Regular	<b>\$13.28/day</b>	
	\$371.84-months w/28 days	
	\$398.40-months w/30 days	
	\$411.68-months w/31 days	
<input type="checkbox"/> ILA Graduated	<b>\$6.64/day</b>	
	\$185.92- months w/ 28 days	
	\$199.20- months w/ 30 days	
	\$205.84- months w/ 31 days	
<input type="checkbox"/> ILA Personal Expense	<b>\$4.80/day</b>	
	\$134.40-months w/28 days	
	\$144.00-months w/30 days	
	\$148.00-months w/31 days	

In accordance with the guidelines established by the Department of Children’s Services’ foster care rate structure, the interdependent living allowance payments shall be paid based on a daily rate for the number of days in the current month of eligibility.

The amount of this payment (interdependent living allowance) is based on the guidelines established in policy, the young adult’s needs and their individual circumstances. The payment amount has been determined by mutual agreement between the young adult and the Agency and will not exceed the established amount.

By affixing my signature hereto, I affirm the terms of the agreement. Changes in the circumstances of the young adult including living arrangements, inability to maintain financial matters, employment, and education may result in changes in the maximum allowable payment and/or eligibility. Documentation of changes in the young adult's needs or circumstances shall be required.

Initial the following:

\_\_\_\_\_ I am fully aware of the eligibility criteria for the Interdependent Living Allowance Agreement.

\_\_\_\_\_ If I have any changes in my circumstances, including living arrangements and/or school enrollment, I will immediately contact my Interdependent Living Specialist.

\_\_\_\_\_  
*Young Adult's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*IL Specialist* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*IL Program Director* \_\_\_\_\_  
*Date*

Approved     Denied    Effective Date \_\_\_\_\_

See: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0762InterdependentLivingAllowanceAgreement.doc> for a working copy of this document.



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Are you currently employed?  Yes  No

If yes, please include name of current employer and length of employment

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Please complete the information below.

- 1) **What do you need in order to become self-sufficient (complete your educational goals, obtain a driver's license, acquire housing, etc.)?**

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- 2) **List three things that are important to you that we need to know in order to help you successfully transition to adulthood?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

- 3) **State what you hope to gain during your post-custody experience.**

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- 4) **Identify all caring adults that are actively involved in your life.** \_\_\_\_\_

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**5) List three things you like about yourself.**

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER DCS CASE MANAGER'S INFORMATION (if known):**

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

County \_\_\_\_\_ Office Phone Number :(\_\_\_\_) \_\_\_\_\_

Office Fax Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Supervisor's Telephone Number: (\_\_\_\_) \_\_\_\_\_

***Please Indicate Your Status When You Exited State Custody***

- I turned 18 years of age while in state custody
- I exited state custody before I turned 18 years of age
- I was in Juvenile Justice status while in state custody

Additional Comments (educational goals, special circumstances, incentives applied for, urgent needs, etc.):

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Application is:       Approved     Denied      Date: \_\_\_\_\_  
By: \_\_\_\_\_

Reason(s) for denial:

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See: <http://www.tn.gov/youth/providers/forms/CS-0778ApplicationForPostCustodyServices.doc> for a working copy of this document.

**Tennessee Department of Children's Services**  
**Personal Household Budget**

**NAME:**

**DATE:**

<b>Income</b>	<b>Monthly Amount</b>	<b>Annualized</b>	<b>Percent</b>
Second Job-Net Pay			
Investments			
Interest			
Other			
<b>Total Income</b>			

<b>Routine ( or Fixed) Expense</b>	<b>Monthly Amount</b>	<b>Annualized</b>	<b>Percent</b>
Cable TV			
Car payments			
Child care			
Credit card payments			
Insurance (health, life and property)			
Internet Service Provider			
Rent or Mortgage			
Student Loans			
Taxes			
Telephone			
Utilities			
Other			
<b>Total routine expenses</b>	<b>\$0.00</b>		

<b>Variable Expenses</b>	<b>Monthly Amount</b>	<b>Annualized</b>	<b>Percent</b>
Babysitting			
Food			
Transportation ( incl. gas, maintenance, parking & taxis)			
Vacation			
Clothing ( Purchases, Dry Cleaning)			
Education			
Entertainment			
Gifts (Birthday, holidays, weddings)			
Hair care, body care (hair cuts, manicures, tanning)			
Medication, Medical visits, glasses/contacts			
Savings			
Other			
<b>Total variable expenses</b>	<b>\$0.00</b>		

<b>Total Fixed and variable expenses</b>	<b>\$0.00</b>
<b>Difference between monthly income and expenses: surplus/ (deficit)</b>	
<b>\$0.00</b>	

Form web link: <http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/CS-0812PersonalHouseholdBudget.xls>

# Instructions for Use of Form Substitute W-9, CS-0842

Form W-9 is an IRS requirement for our vendor files. The **Substitute W-9** form is allowable for us to use to meet federal requirements and to capture more information at the same time. Because the **State of Tennessee** is required to have these on file, we do not enter or modify a vendor's record on STARS until we have complete Substitute W-9 paperwork. The following instructions are not intended to answer every question that might arise concerning the Substitute W-9 form, but they should help DCS workers in the field have a better understanding of the information we are seeking. We often use the terms "W-9" and "Substitute W-9" interchangeably, however, the **SUBSTITUTE W-9 IS WHAT WE NEED.**

Be sure to complete all applicable blanks and boxes. We cannot process incomplete forms. We need original signatures on W-9s (not photocopies or faxes). It is NOT necessary to send extra photocopies of the form.

1. Check the appropriate box to indicate whether this is a new vendor, a change of name, a change of address, or an additional location. If these categories do not apply, write in your specific application.
2. Print the NAME of the person who is to receive payments (if not a business) and the address to which payments are to be mailed.
  - a. Personal allowance in a free home placement - put the name of the child on the NAME line, c/o the adult or organization (not DCS) that will be caring for the child. The mailing address should be that of the home where the child will be. Put the child's SS# in the appropriate blanks. Because this is a child, we need two signatures:
    - If the child is 14 years old or older and is physically/mentally able, the W-9 should be signed by the child and his/her Family Service Worker.
    - If the child is 14 years old or older and is unable to sign due to physical or mental handicap, the W-9 should be signed by his/her Family Service Worker and their supervisor (usually Team Leader).
    - If the child is 13 years old or younger, the W-9 should be signed by his/her Family Service Worker and their supervisor (usually Team Leader).

Note: In the case of vacant positions, follow the chain of command up for signatures.

- b. Foster or Adoptive parents - use the name, SS#, and signature of one foster/adoptive parent per Substitute W-9 form (even in the case of married couples). Please do not put two names on one form. Leave the BUSINESS NAME line blank.
    - c. Respite care - use the name, SS#, and signature of the adult providing the care. Make sure the vendor knows that they will receive a Form 1099.
    - d. Day care or tutoring - use adult's name and SS# OR the business name and EIN#, whichever is appropriate for payments. Make sure the vendor knows that they will receive a Form 1099.
    - e. Trial visit - use the name, SS#, and signature of the adult with physical custody of the child.
3. If the vendor is a business, print the name of the business and D/B/A (doing business as) if applicable, on the BUSINESS NAME line. This W-9 should be signed by the owner or an authorized company representative. If the company is a sole proprietorship, be sure to also print the owner's name on the NAME line, and the owner should sign the W-9.

## **Substitute W-9 Instructions Continued**

4. Employees -
  - a. If the vendor is a former employee of the State of Tennessee, please indicate this on the W-9 by answering “yes” or “no” and, if “yes”, telling us the place of employment and separation date.
  - b. If the vendor is a current employee of the State of Tennessee, we do not need a W-9; they should already be on STARS as an “E” type vendor. (Be sure that invoices include an “E” as the suffix of their vendor number.) Any address changes, name changes, etc. for current employees should go through their department’s personnel section. State employees do not need dual services contracts for foster care, adoption assistance, or trial visit. Current state employees do need dual services contracts for certain other roles, such as respite care, tutoring, teaching at state colleges, and various others. Contact Finance and Program Support staff at (615) 741-7333 for dual services contract information.
5. Account type section - Individuals circle one of 1-5 and fill in SS# (social security number). Businesses circle one of 6-13 and fill in EIN# (employer identification number). Be sure to circle exactly one of 1-13, not one from each grouping. Sole proprietorships choose either #5 or #6 and include appropriate ID# depending on which best describes their situation.
6. Be sure to indicate the type of service the vendor provides to the state. This is an indicator to us as to whether or not the vendor is 1099 reportable. (As a side note, if you know of any Foster or Adoptive parents who have received 1099’s which included their foster/adoption assistance payments and have never contacted us for corrections, have them Contact Finance and Program Support staff at (615) 253-1578).

If you have questions about this Substitute W-9 form, contact Finance and Program Support staff at (615) 253-1578. If unavailable, contact Finance and Program Support staff at (615) 532-5551 in the DCS General Accounting Section.

*In the event that incomplete information or errors are found on the W-9 form, the W-9 is routinely returned to the vendor; however, Accounting will return the W-9 form to the DCS case worker upon request. Write RETURN TO: (please provide the worker’s name and county office address at the bottom of the W-9 form).*

**Please send completed Substitute W-9s to:**

**Department of Children’s Services  
Fiscal Section  
Cordell Hull Building-7th Floor  
436 Sixth Avenue, North  
Nashville, TN 37243-1290**



**Tennessee Department of Children's Services**  
**Substitute W-9**  
**Request For Taxpayer Identification Number And Certification**

**Please complete general information (PRINT or TYPE all INFORMATION except signature):**

- New Vendor                       Change of Name                       Change of Address                       Adding Another Location, Same Tax ID

Taxpayer Name: \_\_\_\_\_ Telephone Number: ( ) - \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Check the most appropriate category below: (please circle only one)**

- 1. Individual (not an actual business)
- 2. Joint account (two or more individuals)
- 3. Custodian account of a minor
- 4. a) Revocable savings trust (grantor is also trustee)
- b) So-called trust account that is not a legal or valid trust under state law
- 5. Sole proprietorship (using a social security number for the taxpayer ID)
- 6. Sole proprietorship (using a federal employer identification number (EIN) for taxpayer ID)
- 7. A valid trust, estate, or pension trust
- 8. Corporation
- 9. Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10. Partnership
- 11. A broker or registered nominee
- 12. Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13. Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501©3 entities)

**3. Fill in your taxpayer identification number below: (Please complete only one)**

1) If you circled number 1-5 above, fill in your Social Security Number below:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN) below:

\_\_\_\_\_ - \_\_\_\_\_

**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Current State Employee     Yes    If yes, where \_\_\_\_\_     No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL THE SECTIONS MUST BE COMPLETELY FILLED OUT OR THE SUBSTITUTE W-9 CANNOT BE PROCESSED AND PAYMENTS MAY BE DELAYED.**

DCS County or FSW Name: \_\_\_\_\_ Telephone No: ( ) - \_\_\_\_\_

State of Tennessee

Department of Finance and Administration

**ACH (AUTOMATED CLEARING HOUSE) CREDITS (NOT WIRE TRANSFERS)**

Name: \_\_\_\_\_

I (We) hereby authorize the State of Tennessee, hereafter called the State, to initiate credit entries to my (our) *select type of account* \_\_\_\_\_ **CHECKING** or \_\_\_\_\_ **SAVINGS** account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me( or either of us) of its termination in Such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

\*\*\*\*\*

Do you currently receive payments from the STATE through ACH? \_\_\_\_\_ ( Yes or No). If yes, do you intend for this account information to replace other existing account information currently used by the STATE? \_\_\_\_\_ (Yes or No). If yes, please specify the account that should be changed: ABA

No. \_\_\_\_\_ Account No. \_\_\_\_\_.

Is this authorization only for certain types of payments? \_\_\_\_\_ (Yes or No). If yes, please indicate types:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Many Banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: \_\_\_\_\_ Phone No. \_\_\_\_\_

\*\*\*\*\*

DEPOSITORY/BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACH TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

NAME(S) \_\_\_\_\_

*(Please print names of authorized account signatory)*

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

(PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

<b>FOR STATE USE ONLY</b>
Contact
Agency: _____
Contact Person: _____
Telephone NO.: _____

Form web link:

<http://www.intranet.state.tn.us/chldserv/FormsANDTemplates/Forms/ACH%20Automated%20Clearing%20House%20Credits%20FA-0825.pdf>