

PLACEMENT AUTHORIZATION FOSTER CARE/RESIDENTIAL CARE

Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to info@hughcenter.org or fax to 409-983-6408.

The Texas Department of Family and Protective Services (DFPS), managing conservator of

Child's Name		Client No.	Medicaid No.
Date of Birth	County	Court No.	Cause No.

hereby authorizes The Hughen Center, Inc. to serve as this child's caregiver under the following terms and conditions:

1. **Daily care.** The caregiver must provide the child's daily care, protection, control and reasonable discipline. The caregiver must comply with any applicable court orders and must provide care for the child which conforms to all applicable DFPS rules and standards and any specific instructions from DFPS.

Note: The child's placement with the caregiver is based on the caregiver's compliance with the requirements set forth in the contract with DFPS. DFPS, at its sole discretion, may remove the child from the caregiver at any time.

2. **Education.** The caregiver must enroll the child in public school and / or other educational program(s) as directed by the child's caseworker or the caseworker's supervisor. The caregiver may sign any documents needed to enroll the child in a school or other educational program to implement DFPS's decisions about the child's education. The caregiver may also receive and review all the child's educational records.
3. **Travel.** The caregiver may provide routine transportation for the child, including transportation for medical and dental care. The caregiver may also provide or arrange for the child to travel within the state of Texas and to remain away from the caregiver's facility for as long as 72 consecutive hours.

The caregiver must secure DFPS's prior approval for the child to take any trip lasting more than 72 hours. And the caregiver must secure both DFPS's and the court's prior approval for the child to travel outside Texas. Whenever possible, the caregiver must give the child's caseworker or the caseworker's supervisor at least 10 days' advance notice of any trip that requires DFPS approval.

4. **Photographs and videotapes.** The caregiver may take photographs and record videotapes of the child for the child's and the caregiver's personal use and for purposes of identification. The caregiver, however, must not release any photographs or videotapes of the child for public use without DFPS's prior written permission.
5. **Medical Care.** You have been provided with current information as to who has authorization to consent to medical, dental and psychological care. If this information changes, DFPS will contact you. If you have any questions at any time, please contact the caseworker named below.
6. **Confidentiality.** Under penalty of law, the caregiver must not release information about the child to anyone without the prior authorization of the child's caseworker or the caseworker's supervisor, except as specified below:
 - a) The caregiver may provide information about the child to the child's school and other DFPS - authorized educational programs; to doctors, dentists, and other medical providers; and to counselors and therapists to the extent that the information is needed for the child's education or medical, dental, or psychological treatment.
 - b) The caregiver must give DFPS unrestricted access to information about the child at all times.
7. **Contact with the Family.** The caregiver must permit the child and the child's family (as well as other individuals who are significant to the child) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by DFPS and the court.
8. **School Programs and Extracurricular Activities.** The caregiver may authorize the child to participate in routine school programs and extracurricular activities that do not involve an unusual risk of injury to the child. The caregiver must inform the child's caseworker of all such activities.

If this is not a DFPS foster home placement, respond to questions #9 and #10:

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9. **Reason for Placement.** Briefly discuss the reason for the child's out-of-home placement below.

10. **Time in Care.** How long is the child expected to be in care: _____

_____ Signature - Caregiver	_____ Date	_____ Telephone No.
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_____ Signature - DFPS Caseworker	_____ Date	_____ Telephone No.
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_____ Signature - DFPS Supervisor	_____ Date	_____ Telephone No.
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Important: Forms in the 2085 series are the only caregiver authorizations that the child's caseworker and the caseworker's supervisor may sign. If either of them has signed any other caregiver authorization, that authorization is null and void.

**Signature required at time of placement.*