

FOSTER CARE ASSISTANCE REVIEW
TO BE COMPLETED BY THE 20TH OF THE MONTH IN WHICH THE REVIEW IS DUE
COPY OF PERMANENCY HEARING ORDER MUST BE ATTACHED FOR PROCESSING

I. IDENTIFYING INFORMATION

Child's Name:	County:
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Child's Date of Birth:	Caseworker PID#:	DFPS Person ID#:
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Has child's citizenship status changed within the last 12 months? Yes No

If yes, explain:

II. FACILITY INFORMATION

Name of Facility:	Resource ID #.:
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Address:	Daily Rate Being Paid:
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City, State, Zip:

Complete this section only if the child is placed in a Child Placing Agency (CPA):

Foster Family Name:	Resource ID # (if available):
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Address:	
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City, State, Zip:

III. REDETERMINATION OF DEPRIVATION

If the child were returned to the home from which he/she was removed, would the child continue to be deprived of parental support?

Yes No

If yes, check reason for continued deprivation:

A. LIVING WITH BOTH PARENTS

Is either parent disabled or incapacitated? <input type="checkbox"/> YES <input type="checkbox"/> NO

If YES: Check the appropriate box indicating how the incapacity was verified:	<input type="checkbox"/> SSI	<input type="checkbox"/> RSDI	<input type="checkbox"/> Other
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**(A doctor's letter must verify the disability and the inability of the parent to work for at least 30 days)*

If NO: Identify the Primary Wage Earner (PWE) in the home of removal and complete and attach the 'Underemployed Parent Checklist' (Form TJPC-FED-05-04)

B. LIVING WITH ONE LEGAL OR BIOLOGICAL PARENT

Which parent was the child living with at the time of removal?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
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Is the other parent's absence due to employment outside the community or active military duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, complete Item A – 'Living with Both Parents'

What is the reason for the other parent's absence?

<input type="checkbox"/> Death	<input type="checkbox"/> Divorce	<input type="checkbox"/> Never lived in the home
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<input type="checkbox"/> Deportation	<input type="checkbox"/> Hospitalized over 30 days	<input type="checkbox"/> Separated with alternating custody
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<input type="checkbox"/> Desertion	<input type="checkbox"/> Incarcerated over 30 days	<input type="checkbox"/> Separated over 30 days
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C. LIVING WITH OTHER RELATIVE

Name of Relative:	Relationship to child:
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IV. PERMANENCY PLAN (*Plan for the safe and permanent placement of the child*)

What is the current plan for the safe and permanent placement of the child?

- Return to parent * Emancipation/independent living (*explanation required*) Adoption
 Place with relative * Other permanent living arrangement (*explanation required*)

****If emancipation/independent living or other permanent living arrangement is the permanency plan, explain why this is in the best interest of the child.***

Projected permanency date: _____

V. RESOURCES

Does the child have equity in property and/or accessible resources in excess of \$10,000? Yes No

If yes, describe:

Is the child a student in an educational or vocational program? Yes No

Name of child's current school:

Date child was enrolled:

Current grade in school:

Does the child have regular and predictable income? Yes No

If YES, list income:

SOURCE OF MONTHLY INCOME	AMOUNT

To convert weekly income to monthly, multiply by 4.33; to convert bi-weekly income to monthly, multiply by 2.17

JUVENILE PROBATION OFFICER NAME (*print or type*)

DATE COMPLETED

JPO E-MAIL ADDRESS (*print or type*)

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JPO PHONE NUMBER