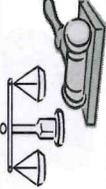


Title IV-E Timelines

	30 th calendar day	6 th month	12 th month	18 th Month
 <p>From date of placement at the first IV-E eligible facility</p>				
<p><u>Title IV-E Application (via TIPS) & Attachments</u> (i.e., ss card, AFPC income determination worksheet, detention history, initial order of removal and placement order, out of state placement information)</p>		 <p>Must include a Facilitator</p>	 <p>Judge is Facilitator</p>	
<p><u>Initial IV-E Case Plan</u> must be completed within 30 days of placement at the first IV-E Facility</p>				<p>Termination of Parental Rights (TPR)</p> <p>If child has been in substitute care 15 of last 22 months</p>
<p><u>Review (Update) of IV-E Case Plan</u> Within the following months: 6, 18, 30, etc.</p>				
<p><u>Administrative Review</u> Document on Periodic Case Review Monthly Summary form (PCRRMS) & submit to TJJD by 10th of the following month. (if review is Judicial, include a copy of Judicial Order)</p>				
<p><u>Review (Update) of IV-E Case Plan</u> Within the following months: 12, 24, 36, etc.</p>				
<p><u>Permanency Hearing</u> Permanency Hearing should be conducted as early as possible within the 12th month</p>				
<p><u>Foster Care Assistance Review (FCAR)</u> "Re-determination" If IV-E youth will continue in placement into 13th month, please submit FCAR & Judicial Order to TJJD by end of the 12th month</p>				



PLACEMENT INFORMATION/DISCHARGE FORM (PID)

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

I. IDENTIFYING INFORMATION

Child's Name:

Date of Birth:

DFPS Person ID#:

County/TJJD#:

II. CHANGE BEING REPORTED (include location, level of care, daily rate, date occurred)

(Information prior to change)

Location:

LOC

Daily
Rate

Resource
ID No.

Date of
Change

Address:

City/State/Zip:

(Information after change)

Location:

LOC

Daily
Rate

Resource
ID No.

Date of
Change

Address:

City/State/Zip:

If change did not occur on the same day, explain (include temporary absence information, if applicable):

III. REASON FOR CHANGE (select the most appropriate reason)

* Child returned home

* Child placed with relative(s)

* Child placed with sibling(s)

**Indicate the name & relationship of the person to whom the child was discharged:*

Completed program / achieved therapeutic goals

Child ran away

Level of Care lowered

Child placed in detention or other secure facility

Child's behavior

Level of Care raised

Facility under adverse action

Placement closed

Aged out (turned 18)

Child came back into care / reactivated

Child hospitalized

Child emancipated

Removed due to risk of abuse

Caretaker moved

Case transferred to CPS

Caregiver requested the child's removal

Child death

Child committed to TJJD

Other (explain):

Deprivation no longer exists

IV. IV-E STATUS (complete only if placing the child on inactive status OR discharging from IV-E)

Place child on INACTIVE status (temporarily ineligible for Title IV-E reimbursement).

NOTE: You MUST complete all Title IV-E reviews that become due while the child is on "inactive" status.

DISCHARGE child from Title IV-E Program (no longer eligible for Title IV-E; close the Title IV-E case).

If a child is returning to his/her home, remember to create and submit a referral in JMT

JPD/TJJD Staff Name (print or type)

Date Completed

JPD/TJJD Staff E-Mail Address (print or type)

JPD/TJJD Staff Phone Number



PLACEMENT INFORMATION/DISCHARGE FORM (PID)

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

CASE PLAN REQUIREMENTS *(To be completed only if the child is being placed in a IV-E residential facility)*

V. CASE PLAN ISSUES

Provide a description of the current placement – *provide a physical description of the living arrangement in which the child has been placed:*

Explain how the caregiver will ensure the safety of the child while in placement?

Least Restrictive (most family-like) placement – *if the child was not placed in the least restrictive setting possible (a foster family home of 6 or fewer children), explain why:*

Close proximity – School – *if the placement is too far from the child's former school to allow the child to continue to attend the same school, explain why:*

Close proximity – Parent – *if the child was not placed within the same county as, or more than 50 miles from the parents' home, explain why:*

APPROPRIATENESS OF PLACEMENT

Describe the services being provided by the facility to meet the child's specific needs.

ADDITIONAL INFORMATION

Date family notified of move	
Method of notification	
Date family notified of changes in visitation	
Method of notification	
Date caregiver provided with updated case plan	
Date caregiver provided with updated medical and educational records	

JPD/TJJD Staff Name *(print or type)*

Date Completed

JPD/TJJD Staff E-Mail Address *(print or type)*

JPD/TJJD Staff Phone Number



PERIODIC CASE REVIEW MONTHLY SUMMARY

Due by the 10th of the month for reviews conducted during the previous month

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

County Name:		Month/Year Review Conducted:
ADMINISTRATIVE REVIEWS CONDUCTED WITH A FACILITATOR AT 6, 18, 30... MONTHS		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
ADMINISTRATIVE REVIEWS CONDUCTED WITH A JUDGE AT 6, 18, 30... MONTHS		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Completed By:	Phone No.: ()	
Date Submitted to TJJD:		



FOSTER CARE ASSISTANCE REVIEW (FCAR)

A copy of the Permanency Hearing Order must be attached to this form.

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

I. IDENTIFYING INFORMATION

Child's Name:		County Name/TJJD:	
Child's Date of Birth:	County/TJJD ID#:	DFPS ID#:	
Has child's citizenship status changed within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			

II. FACILITY INFORMATION

Name of Facility:	Resource ID #:
Physical Address:	Daily Rate:
City, State, Zip:	Level of Care:
<i>Complete this section only if the child is placed in a Child Placing Agency (CPA):</i>	
Foster Family Name:	Resource ID #:
Physical Address:	City, State, Zip:

III. REDETERMINATION OF DEPRIVATION

If the child were returned to the original home of removal (the home listed on the initial foster care assistance application) would the child continue to be deprived of parental support? Yes No

If yes, check the reason for continued deprivation:

A. LIVING WITH BOTH PARENTS

Is either parent disabled or incapacitated? YES NO

If YES:

Check the appropriate box indicating how the incapacity was verified: SSI RSDI Other
**(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 TJJD-IVE-340)*.

B. LIVING WITH ONE LEGAL OR BIOLOGICAL PARENT

Which parent was the child living with at the time of removal? Mother Father

Is the other parent's absence due to employment outside the community or active military duty? Yes No

If YES, complete Item A, above – '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 |
| <input type="checkbox"/> Deportation | <input type="checkbox"/> Hospitalized over 30 days | <input type="checkbox"/> Separated with alternating custody |
| <input type="checkbox"/> Desertion | <input type="checkbox"/> Incarcerated over 30 days | <input type="checkbox"/> Separated over 30 days |

C. LIVING WITH OTHER RELATIVE

Name of Relative: _____ Relationship to child: _____

IV. FEDERAL REPORTING REQUIREMENTS

Has the child been a victim of human trafficking while in foster care? Yes No

Is the child currently pregnant? Yes No Is the child currently parenting? Yes No

If any of the above questions are answered "yes," supporting documentation regarding the provision of appropriate services and/or referrals may be found in the current case plan or case plan update.



FOSTER CARE ASSISTANCE REVIEW (FCAR)

A copy of the Permanency Hearing Order must be attached to this form.

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

V. PERMANENCY

PROJECTED DATE OF PERMANENCY:

PERMANENCY PLAN - Select the plan for the safe and permanent placement of the child.

- Place with Parent
 Place with Relative
 Adoption

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT

If "Another Planned Permanent Living Arrangement" (APPLA) is selected, the child must be at least 16 years of age and an explanation must be provided explaining why this option is in the best interest of the child.

- APPLA-Independent Living *Child will live in a foster group home, residential treatment setting, or other institutional setting until age 18 and exits an independent living situation.*
 APPLA-Foster Family *Child will live in a foster home until he/she reaches adulthood.*

The APPLA plan for permanency is in the best interest of the child because:

VI. RESOURCES

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

Does the child have regular and predictable income? Yes No
If yes, complete the following:

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

VII. EDUCATIONAL/VOCATIONAL INFORMATION

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:

JPD/TJJD Staff Name (*print or type*)

Date Completed

JPD/TJJD Staff E-Mail Address (*print or type*)

JPD/TJJD Staff Phone Number

TJJD USE ONLY – ANNUAL CREDIT CHECKS

Credit Bureau	Date Completed	Results
Experian		
Equifax		
Transunion		

[This court order is intended as a sample only. Prior to use, the office of your juvenile prosecutor, IV-E coordinator, and juvenile court should review this order]

IN THE DISTRICT/COUNTY COURT
_____ COUNTY
STATE OF TEXAS

PERMANENCY HEARING ORDER

IN THE MATTER OF

NO. 4501

JOHN Q. PUBLIC

On the _____ day of _____, 20 ____, after proper notice was given to all parties, a review hearing was held pursuant to the Social Security Act, Pub. L. No. 96-272 § 475(5)(B) and (5)(C) (1998).

Appearing before this court were the following:

Mother:
Father:
Guardian ad litem:
Attorney ad litem:
Attorney(s):
Custodian:
Juvenile Probation Officer:
Juvenile Probation Officer's Supervisor:
Representative from Child's School:
Representative from Child's Caregiver:
Other:

The Court, having reviewed the pleadings and considered all the evidence and all relevant information required to be filed by law, including the Review of Child/Family Case Plan dated _____ and filed with the Court, finds that all necessary prerequisites of the law have been legally satisfied and that this Court has jurisdiction over the parties and subject matter of this cause. The court further finds the following order is in the best interest for the safety and welfare of the child:

- 1) **The _____ County Juvenile Probation Department has made reasonable efforts subsequent to the removal of the child from the child's home to finalize the permanency plan;**
- 2) The child continues to need substitute care;
- 3) The child's current placement is appropriate, necessary, and safe and continues to be in the best interest of the child;

- 4) The child **has/has not** complied with the Child/Family Case Plan to the extent that the child can be returned to the home;
- 5) The **mother/father have/have not** complied with the Child/Family Case Plan prepared for the family to the extent that the child can be returned to a safe home environment;
- 6) **Enough/not enough** progress has been made toward solving or reducing the causes necessitating placement;
- 7) The permanency plan and proposed date of completion of the plan as referenced in the Review of Child/Family Case Plan filed with this court are reasonable;
- 8) The plans for carrying out special orders of the court, if any, are reasonable;
- 9) Independent living skills are being offered to the child if appropriate (if child is 16 years of age or older).
- 10) Significant changes in the placement situation or the child's life since the last hearing have been addressed;
- 11) Recommendations and/or concerns made by the _____ County Juvenile Probation Department have been considered by the Court.

IT IS THEREFORE ORDERED BY THE COURT that (name of child) :

_____ Remain in placement at (name of facility) for (period of time) or until (date) .

_____ Be returned to the care, custody, and control of (name of parent) .

Signed this _____ day of _____, 20 ____ .

Judge Presiding