

PLACEMENT INFORMATION/DISCHARGE FORM (PID) – CASE PLAN ISSUES

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

V. CASE PLAN ISSUES

Description of the current placement *(provide a physical description of the living arrangement in which the child has been placed):*

How will the caregiver 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 or fewer children), explain why):*

Close proximity – School *(if the child was unable to continue attending the same school, explain why):*

Close proximity – Parent *(if the placement is not in close proximity to the parent(s) home, explain why):*

APPROPRIATENESS OF PLACEMENT *(what services does the current facility offer to meet the child's specific needs?)*

Date family notified of move:

Date family notified of changes in visitation:

Method of notification:

Date caregiver provided with updated case plan or review *(if applicable):*

Date caregiver provided with updated medical and educational records:

JUVENILE PROBATION OFFICER NAME *(print or type)*

DATE COMPLETED

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

JPO PHONE NUMBER

PLACEMENT INFORMATION/DISCHARGE FORM (PID) – REVISION

(To be completed only to revise or correct a previously submitted PID)

I-R. IDENTIFYING INFORMATION		
Child's Name:		
Date of Birth:	DFPS Person ID#:	County:

Select the appropriate action below:

II-R. INACTIVE TO DISCHARGE	
<input type="checkbox"/> Previously submitted PID to place child on INACTIVE status; he/she is now being discharged from IV-E	
<i>Date previously placed on inactive:</i>	<i>Date discharged:</i>

III-R. CORRECT LEVEL OF CARE/DAILY RATE PREVIOUSLY REPORTED	
<input type="checkbox"/> Correct daily rate previously reported on Foster Care Application. <i>Effective date:</i>	
<i>Level of Care (LOC) previously reported:</i>	<i>Correct Level of Care (LOC):</i>
<i>Daily rate previously reported:</i>	<i>Correct daily rate:</i>

IV-R. *TEMPORARY ABSENCE
<input type="checkbox"/> Facility paid for foster care during child's absence from facility
<i>Child previously reported to have left facility on (date):</i>
<i>Facility paid through (date):</i>

*Under certain circumstances, DFPS will allow foster care payments to a provider for a child who is no longer in that provider's care in order to reserve space for the child's anticipated return to that facility in the near future. The duration of these continued payments is described and subject to the limitations set forth in 40TAC, §700.323.

Reimbursements for foster care during a child's absence from a facility will be made only if each of the following conditions is met:

1. The department plans to return the child to the facility at the end of the absence **and**,
2. The facility agrees to reserve space for the child's return and the department continues to make payments in the child's absence **and**,
3. The department is not making foster care payments on behalf of this same child to any other provider during the child's absence.

If **all three (3) conditions** described above are met, reimbursement can be claimed as described in the chart below:

If child is absent from (type of care):	Authorized Absence Reimbursements may be claimed for:	Unauthorized Absence Reimbursement may be claimed for:
Emergency shelter or other provider contracted to provide emergency care	Not more than five (5) days during the child's absence	Not more than five (5) additional days during the child's absence
Non-emergency foster care	Not more than fourteen (14) days during the child's absence	Not more than fourteen (14) days during the child's absence

JUVENILE PROBATION OFFICER NAME <i>(print or type)</i>	DATE COMPLETED
--	----------------

JPO E-MAIL ADDRESS <i>(print or type)</i>	JPO PHONE NUMBER
---	------------------