

FOSTER CARE ASSISTANCE REVIEW (FCAR)

To be completed by the 20th of the month in which the review is due
A copy of the Permanency Hearing Order must be attached for processing

I. IDENTIFYING INFORMATION

Child's Name:	County/TJJD:
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Child's Date of Birth:	JPD/TJJD#:	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 #:
Address:	Daily Rate Being Paid:
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):
Address:	
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 the 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
*(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 <i>Underemployed Parent Checklist (Form TJPC-FED-05-04)</i>			

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
Is the other parent's absence due to employment outside the community or active military duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES, complete Item A – 'Living with Both Parents'</i>		

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:
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FOSTER CARE ASSISTANCE REVIEW INSTRUCTIONS

PURPOSE OF FORM

This form is completed for any child on active or inactive status that has been certified for the Title IV-E Program and will not be discharged from the program prior to the end of the 12th month in IV-E placement. This form must be accompanied by the child's permanency hearing order. The information provided will allow the Texas Department of Family and Protective Services (DFPS) to re-determine the child's eligibility for the Title IV-E Program.

TIMEFRAME/DEADLINE

This form must be completed and submitted to the Texas Juvenile Justice Department (TJJD) by the 20th of the month in which the review is due. If your hearing is scheduled after that date, you must fax this form and the permanency hearing order to TJJD at (512) 424-6740. When scheduling your hearings, allow sufficient time in order to complete the hearing within the month in which the permanency hearing is due.

PROCESSING

This form, along with the permanency hearing order, is reviewed by TJJD and forwarded to DFPS for re-determination of the child's eligibility. Once a determination is made, you will be notified via the *Foster Care Assistance Application Eligibility Determination Notice* (TJPC-FED-23-04).

NOTE

You will not need to submit this form for a child that will be discharged during the 12th month. If the child will be discharged before or during the 12th month of placement, you must submit a Placement Information/Discharge Form (PID) (TJPC-FED-21-04) to discharge the child from the Title IV-E program.

I. IDENTIFYING INFORMATION

Child's Name: Enter child's full name (first, middle, last).

County/TJJD: Enter the name of the juvenile probation department, if a judicial district, enter the lead county. Enter "TJJD" for state youth.

Child's Date of Birth: Enter child's date of birth (month/day/year).

JPD/TJJD #.: Enter the number your department/agency uses to identify youth in your database.

DFPS Person ID #.: Enter the number that was assigned to this child by DFPS and listed on the *Title IV-E Foster Care Eligibility Determination Worksheet* (TJPC-FED-23-04).

Has child's citizenship status changed within the last 12 months? (i.e., did child lose his/her Legal Permanent Resident status or did child become a U.S. Citizen? Check Yes or No.

If yes, explain: (if applicable, explain what the change was and when it occurred).

II. FACILITY INFORMATION

Name of Facility

Enter the name of the facility (or independent foster family/group home) where the child is currently residing. If the child is on inactive status and therefore not currently residing in a Title IV-E approved facility, list the child's current location, which could include runaway status or detention. It is critical that the child's current location be entered, not the facility where the child was previously residing.

Resource ID Number

Enter the Resource ID number of the Title IV-E approved facility where the child is currently residing. This number is listed on the *Title IV-E Approved Facilities* list located on the TJJD website. If the child is not currently residing in a Title IV-E approved facility the Resource ID number would be "N/A."

Address

Enter the physical/street address of the facility where the child is currently residing. If the child is on runaway status, the address would be "N/A."

Daily Rate Being Paid

Enter the amount the department is currently paying the facility for this child. If the child is not residing in a Title IV-E approved facility, the daily rate would be "N/A."

City, State, Zip

Enter the city, state, and zip code of the facility where the child is currently residing. If the child is on runaway status, the address would be "N/A."

If Licensed as a "Child Placing Agency" List Foster Family Name

If the IV-E facility listed is licensed as a Child Placing Agency (CPA) you must provide the requested information for the foster family with whom the child is residing.

III. REDETERMINATION OF DEPRIVATION

Re-determination of deprivation is made based on the original home of removal (the home listed on the initial application submitted for this child). If the child were returned to the home from which he/she was originally removed, would the child continue to be deprived of parental support? Changes that may have occurred (and which would affect deprivation) might include the absent parent returning to the home; both parents returning to the home of a specified relative with whom the child was residing, etc.

The child must continue to be deprived of the support and care of a legal or biological parent in the original home of removal due to:

- Death of parent(s)
- Absence of legal parent(s) from the home of removal
- Physical or mental incapacity of parent(s)
- Underemployment of a parent

Legal Parent:

- When an adult adopts a child they become a legal parent regardless of prior relationship to the child
- Legal father is defined as a man married to the mother at time of birth or up to 300 days prior to birth
- After adoption, the biological parent is no longer considered a relative, they are considered to be the parent
- *Stepparents are not considered legal parent without adoption*

Disability:

- If the child has two legal or biological parents in the home and one or both are incapacitated, the child is deprived
- Incapacity must be verified through disability benefits or other established documentation

Primary Wage Earner (PWE)

- If one of the child's two parents is determined to be underemployed, the child is deprived
- Identify the Primary Wage Earner (PWE) in the original home of removal and complete and attach the "Underemployed Parent Checklist (Form TJPC-FED-05-04).

If the child were returned to the home from which he/she was originally removed, would the child continue to be deprived of parental support? Check Yes or No.

If Yes, check reason for continued deprivation

Select the appropriate reason that best describes the current situation in the home from which the child was originally removed (this does not pertain to a home where the child might be residing after placement, if it was not the original home of removal).

A. Living with both parents

Both biological/legal parents are residing in the home of removal. In order to meet deprivation, one parent must be determined to be incapacitated or underemployed. If the child is deprived of parental support based on having an underemployed parent, you must complete and attach the *Underemployed Parent Checklist*, (TJPC-FED-05-04).

Is either parent disabled or incapacitated? Check Yes or No.

If Yes: Check the appropriate box indicating how the incapacity was verified:

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

B. Living with one legal or biological parent

There is only one biological/legal parent residing in the home of removal.

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

Check Mother or Father.

Is the other parent’s absence because of employment outside the community or active military duty?

Check Yes or No.

If Yes: Then the child is not considered residing with one parent.

Complete item A. Living with both parents.

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

Select the one situation that best describes the reason why the other parent is not currently residing in the home from which the child was removed.

C. Living with other relative

There is no parent residing in the home of removal, only a person that meets the DFPS criteria for being a specified relative:

Specified relatives include:

- Grandfather or grandmother
- Brother or sister
- Uncle or aunt
- First cousin
- Nephew or niece
- Stepfather or stepmother
- Stepbrother or stepsister
- First cousin once removed

Relationship extends to:

- Spouse of any specified relative, even after a marriage is terminated by death or divorce
- Degree of “great-great” for uncle, aunt, nephew, or niece
- Degree of “great-great-great” for grandparents

Name of Relative: Enter the full name (first, middle, last) of the child’s specified relative residing in the home of removal.

Relationship to Child: Enter the relationship of the specified relative to the child.

IV. PERMANENCY PLAN

Document the current permanency plan and date of permanency.

V. RESOURCES

THESE QUESTIONS REFER SOLELY TO THE CHILD'S RESOURCES/INCOME. DO NOT INCLUDE THE RESOURCES/INCOME OF THOSE RESIDING IN THE HOME OF INITIAL REMOVAL.

Does the child have equity in property and/or accessible resources in excess of \$10,000?

Resources are assets or possessions which can be converted to cash to meet immediate needs. Examples of resources may include cash, savings accounts, accessible trust funds, stocks, bonds, certificates of deposits, boats, buildings, etc. The resources must be accessible to the child to be counted. If the child cannot access the resources, they are not considered. Check Yes or No.

If yes, describe: If the child does have resources in excess of \$10,000, list the resource(s).

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

Does the child have regular and predictable income?

Is the child receiving any income? If the child is attending school full-time or attending school part-time and working less than 30 hours per week, the earned income of a child under 18 is not counted. Check Yes or No.

If yes, list income: If the child is receiving income, list the source and amount of monthly income being received by the child.

Source of monthly income: Enter the source of the income being received by the child.

Amount of income: Enter the amount of income being received by the child.

To convert weekly income to monthly, multiply income amount by 4.33

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

JPD/TJJD staff name: Print or type the name of the individual completing the application.

Date completed: Enter the date the application was completed.

JPD/TJJD staff E-Mail Address: Print or type the e-mail address of the individual completing the application.

JPD/TJJD Phone Number: List the phone number, including area code, of the individual completing the application.