



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.

