# Placement Authorization – Intermittent Alternate Care

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| Child's Name | | Person ID. | Medicaid No. | Date of Birth |
|  | |  |  |  |
| County | | Court No. | Cause No. | Date of Placement |
|  | |  |  |  |
| Caregiver's name | Caregiver’s Address (City, State, Zip) | | | |
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This form’s references to any “DFPS” worker refers to employees of the Department of Family and Protective Services **or** employees of a Single Source Continuum Contractor (SSCC). The SSCC acts as an authorized agent of DFPS pursuant to Texas Family Code Chapter 264 Subchapter B-1.  The SSCC has the same authority as DFPS regarding case management duties and associated responsibilities.

**The Texas Department of Family and Protective Services (DFPS), as the managing conservator of this child, hereby authorizes the individual described above to serve as the child's caregiver under the following terms and conditions (only the items checked apply to this placement):**:

**Daily Care.** The caregiver must provide the child's daily care, protection, control, and reasonable discipline. The caregiver must comply with any applicable court orders and must provide care for the child that conforms to all applicable DFPS rules, policies and any specific instructions from DFPS.

**Education.** The caregiver must enroll the child in public school and / or other educational program(s) as directed by the child's caseworker or the caseworker's supervisor. The caregiver may sign any documents needed to enroll the child in a school or other educational program to implement DFPS's decisions about the child's education. The caregiver may also receive and review all the child's educational records.

**Travel.** The caregiver may provide routine transportation for the child, including transportation for medical and dental care.  The caregiver may also travel with the child within the state of Texas and remain away from the caregiver's facility for as long as 72 consecutive hours or may arrange for the child to travel within the state of Texas and remain away from the caregiver’s facility for as long as 48 consecutive hours.

If the travel is within the state of Texas and for more than three (3) calendar days (seventy–two (72) consecutive hours), the caregiver must obtain prior written approval from the Department’s caseworker or DFPS staff in the caseworker’ chain of command. When the caregiver desires to take a child outside the state or country, the caregiver shall work with the Department’s caseworker to follow polices and procedures.

Prior to allowing any trip, activity, or visit to the home of any non-related person, excluding Intermittent Alternate Care, for a period of time exceeding forty-eight (48) consecutive hours, the caregiver must obtain written approval form the Department’s caseworker or caseworker’s chain of command.

Written approval for travel and visits is not required when:

i.  The Department’s caseworker  arranges for the child to visit with members of the child’s own family or with relatives; or

ii. The Department’s caseworker authorizes the child to travel in specified circumstances (usually routine trips or visits.).

Whenever possible, the caregiver must give the child’s caseworker or the caseworker’s supervisor at least 10 days’ advance notice of any trip that requires DFPS approval.

**Photographs and Videotapes.** The caregiver may take photographs and record videotapes of the child for the child's and the caregiver's personal use and for purposes of identification. The caregiver, however, must not release any photographs or videotapes of the child for public use without DFPS's prior written permission.

**Medical.** The caregiver has been provided with current information as to who has authorization to consent to healthcare (medical, dental, vision, and behavioral healthcare) for the child. If this information changes, DFPS will contact the caregiver. Healthcare for children in foster care in Texas is provided through Superior Health Plan Network (STAR Health)(1-866-912-6283). For out-of-state placements, contact the child’s caseworker for questions about healthcare coverage.The medical consenter for a child in Texas must select a STAR Health Primary Care Physician (PCP) from the STAR Health Provider Directory located at [www.fostercaretx.com](http://www.fostercaretx.com). Only the medical consenter can select a PCP. If the caregiver is not the medical consenter, the caregiver must coordinate with the medical consenter to select a PC for the child. If you have any questions at any time, please contact the caseworker named below.

**Confidentiality.** Under penalty of law, the caregiver must not release information about the child to anyone without the prior authorization of the child's caseworker or the caseworker's supervisor, except as specified below:

1. The caregiver may provide information about the child to the child's school and other DFPS - authorized educational programs; to doctors, dentists, and other medical providers; and to counselors and therapists to the extent that the information is needed for the child's education or medical, dental, or psychological treatment.
2. The caregiver must give DFPS unrestricted access to information about the child at all times.

**Contact with the Family.** The caregiver must permit the child and the child's family (as well as other individuals who are significant to the child) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by DFPS and the court.

**School Programs and Extracurricular Activities.** The caregiver may authorize the child to participate in routine school programs and extracurricular activities that do not involve an unusual risk of injury to the child. The caregiver must inform the child's caseworker of all such activities.

**NOTE: DFPS, at its sole discretion, may remove the child from the caregiver at any time, subject to applicable court orders.**

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|  | Signature - Caregiver |  | Date |  | Telephone No. |  |
|  |  |  |  |  |  |  |
|  | Signature - DFPS Caseworker |  | Date |  | Telephone No. |  |
|  |  |  |  |  |  |  |
|  | Signature - DFPS Supervisor |  | Date |  | Telephone No. |  |