

Child's Name _____

Permanency Care Assistance Eligibility Documentation

A. Statistical Information. Attach a copy of the court order appointing private agency as temporary managing conservator.

Child's Name (Last, First, MI)		Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race/Ethnicity	

B. Prospective Managing Conservator Circumstances. Check and complete all that apply.

1. Permanent Managing Conservatorship is pending. Planned date of placement is _____.
2. The home screening meets Licensing standards for approval, including the criminal history check. Date of approved home screening: _____.
3. Enter State of prospective managing conservator's residence _____.
4. Enter child's service level at time of prospective permanent managing conservatorship _____.

C. Managing Conservatorship. At the time of placement, FPS, another state agency, tribe, or a private, non-profit child-placing agency that is licensed in Texas was the court appointed managing conservator (or had legal responsibility for care and placement) of the child? Yes No

If yes, give name of agency/entity:	Address including State	County Code
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D. Legal Status

1. Check the appropriate status below:
 - a. The child is a US citizen (attach a copy of the birth certificate or other proof of birth).
 - b. The child is a permanent resident [attach a copy of the Permanent Resident Card/Alien Registration Receipt Card (commonly known as a "green card" or INS Form I-551)]. A Permanent Resident is one type of Qualified Alien.
 - c. The child is another type of Qualified Alien, besides a Permanent Resident (e.g. refugee status) (attach all relevant immigration documents).
 - d. The child's immigration status is unknown, or the child is foreign born and has no immigration documents.
2. Is the child being placed with a U. S. citizen, permanent resident, or other Qualified Alien?
 Yes (if prospective managing conservators are not natural born U. S. citizens, attach relevant immigration documents)

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No (Note: a policy waiver is required for placement in these circumstances. Attach a copy of the policy waiver)

3. When did the child enter U.S., if known? _____.
How did you acquire this knowledge? _____ (Note: It is particularly important to know if the child entered the U. S. before or after August 22, 1996)

D. Title IV-E eligibility. Answer each of the following:

1. a. At the time of removal and initial placement in FPS foster care, the child was determined eligible by FPS for (check appropriate blank and attach the previously completed foster care eligibility application, a file-stamped copy of the court petition resulting in the child's removal from the home, and the first court order removing the child from the home):

Title IV-E foster care payments [REDACTED]

b. If no AFDC eligibility determination was made when the child first entered foster care (e.g. the child was placed with a relative), complete and attach the AFDC Eligibility Documentation.

2. Does the child have a determination of eligibility for SSI benefits? If yes, attach the award letter and any other relevant information from Social Security Administration.

Yes
 No

3. Is the child in a foster care placement with his or her minor parent who is Title IV-E foster care eligible? Yes No (if yes, enter name of minor parent) _____.

Source of State Permanency Care Assistance Medicaid Eligibility. The following question must be answered only when the child is eligible for state paid permanency care assistance. This information is required to extend Medicaid coverage to children who are not eligible for Title IV-E permanency care assistance.

At the time of placement, the child had a need for medical or rehabilitative care due to a diagnosed medical condition or disability, including a documented risk of developing a need for treatment and care due to such things as prenatal exposure to drugs / alcohol / AIDS / HIV, genetic conditions, mental retardation, learning disabilities or abuse/neglect? Yes No

Describe the condition in detail:

Child's Name _____

Required Attachments. The following is a review of the documents that are required to make an eligibility determination and must be submitted to complete the request for permanency care assistance.

- Criminal history check of prospective permanent managing conservator;
- Certified copy of the child's birth certificate or other proof of birth;
- Documentation of U.S. citizenship or immigrant status;
- If you checked yes to question 2. AND the prospective managing conservator are NOT natural born U. S. citizens, attach relevant immigration documents;
- If you checked no to question 2., attach a copy of the policy waiver;
- **Completed foster care eligibility application**; or if no AFDC eligibility determination was made when the child first entered foster care (e.g. the child was placed with a relative), complete and attach the AFDC Eligibility Documentation;
- File-stamped copy of the court petition resulting in the child's removal from the home;
- First court order removing the child from the home;
- Copy of the authorized service level from IMPACT.

E. Information on person completing form.

Agency Name	Agency Address		
Name of Staff Completing Form	Title	Telephone No.	Mail Code
Name of Supervisor	Title	Telephone No.	Mail Code

X

Signature-Staff Completing Form

Date

Child's Name _____

Certification of Permanency Care Assistance Eligibility

Determination of Permanency Care Eligibility: To be completed by the adoption assistance eligibility specialist.

Based on the information provided, the child is or will be eligible for the following:

- Eligibility is pending permanency managing conservator placement:
 - Title IV-E Permanency Care Assistance

 - Medicaid coverage will/will not be the responsibility of Texas. (If not Texas, identify state to provide coverage _____)
 - Non-recurring Expenses

Signature _____
date

- All eligibility requirements are met, and the child is eligible for the following:
 - Title IV-E Permanency Care Assistance

 - Medicaid coverage will/will not be the responsibility of Texas. (If not Texas, identify state to provide coverage _____)
 - Non-recurring Expenses
 - Child does not qualify for assistance. List all reasons. _____

Eligibility is not met. List each requirement that was not met:

Name of person determining eligibility _____

Signature _____
date

Notice of Action on Request for Permanency Care Assistance sent on _____.
Permanency Care Assistance Denial notice sent on _____.