



## Placement Authorization – Foster Care/Residential Care

The Texas Department of Family and Protective Services (DFPS), managing conservator of:

Child's Name		Person ID	Medicaid No.
Date of Birth	Date of Placement	County of Removal	

has placed this child in the care of **2INGage**, a licensed Child Placing Agency. The child has been placed temporarily with the following provider and they have been given the authorization to obtain such routine and/or emergency medical, dental, vision and behavioral healthcare as necessary to preserve the immediate health and welfare of the aforementioned client. Healthcare for children in foster care in Texas is provided through Superior Health Plan Network (STAR Health 1-866-912-6283). The medical consenter for a child placed in Texas must select a STAR Health Primary Care Physician from the STAR Health Provider Directory located at [www.fostercaretx.com](http://www.fostercaretx.com). Only the medical consenter can select the PCP.

This caregiver is authorized to enroll the child in public school and act as the parental figure for all school related affairs. This should also serve as documentation that would allow this child to be eligible for free meals/milk in the National School Lunch Program/School Breakfast Program, Special Milk Program, Summer Food Service Program and Child and Adult Care Food Program. No further application is required.

The caregiver named below will provide routine transportation for the child, including transportation for medical and dental care, as well as for family and sibling visitations. The caregiver is also authorized to take this child out of county for purposes of short business or pleasure trips, but may not change the permanent residence of the child without specific consent of the **Texas Department of Family and Protective Services** and **2INGage**.

Child Placing Agency/RTC/GRO
Foster Parent/Facility Name
Foster Parent/Facility Address

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

\_\_\_\_\_  
**2INGage**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Caregiver (printed name)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Caregiver (Signature)**