# Documentation for Enhanced Permanency Care Assistance

**Purpose:** The Enhanced Permanency Care Assistance (Enhanced PCA) program pays a higher monthly assistance amount. This is intended to help reduce financial barriers to becoming conservators with PCA of some children with specialized or intense level needs who meet certain criteria, so that these children achieve permanency and do not age out of foster care without permanency. Enhanced PCA is not for children at the specialized or intense level who might or will reach permanency without benefit of the Enhanced PCA.

The child’s caseworker only completes this form if the child is a "special needs" child ([Texas Administrative Code §700.804](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=19&ch=700&rl=804)) in the managing conservatorship of DFPS and meets the Enhanced PCA eligibility criteria outlined in the items below. If the child does not meet these eligibility criteria, then **do not** complete this form, as the child is not eligible for the Enhanced PCA.

**Directions:** The child’s caseworker completes this form when the caseworker and supervisor recommend Enhanced PCA for the child. The caseworker also completes and submits the PCA application in IMPACT, and then completes the PCA packet as outlined in the CPS handbook, section [1615 Applying for PCA](https://www.dfps.texas.gov/handbooks/CPS/Files/CPS_pg_1600.asp#CPS_1615). The eligibility specialist then completes the Permanency Care Assistance precertification process.

| **ENHANCED PCA ELIGIBILITY CRITERIA** | | | |
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| Child’s Name (Last, First, MI): | Child’s PID: | Child’s Date of Birth: | Child’s Legal Region: |
| The child must currently have an authorized service level (ASL) of “specialized” or “intense” or have such an ASL immediately prior to being placed in a facility or home operated or regulated by another state agency, such as an intermediate care facility for individuals with an intellectual disability or related condition (ICF/MR) or nursing home.  Child’s ASL:  Specialized  Intense  Date the service level expires: | | | |
| The child must be living in one of the following (Please check the appropriate box):  A verified foster home regulated by Child Care Regulation that is approved to provide treatment services.  Name and address of foster home:  Other residential childcare operation regulated by Child Care Regulation that is approved to provide treatment services. Name and address of placement:  A facility or home operated or regulated by another state agency in this state or in another state that provides comparable treatment services. Name and address of placement: | | | |
| The selected prospective conservator parent is only willing to provide permanency of the child if Enhanced PCA is available.    Yes  No | | | |

| REQUIRED CASE INFORMATION |
| --- |
| Name and address of the prospective conservator parents: |
| Nature and extent of the relationship between the selected prospective conservator parents and the child: |
| Child’s diagnoses, disabilities, behaviors, and special needs: |
| Date that the child came into DFPS conservatorship for this foster care episode: |
| Names and ages of siblings that the child will be adopted with or joining, if applicable: |
| Other information that would support the recommendation for the Enhanced PCA (attach documents as needed): |

| DOCUMENTS ATTACHED |
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| A copy of the child’s authorized service level in IMPACT (required as part of the PCA pre-certification packet) |
| Other documents that would support the recommendation for the Enhanced PCA: |

| SIGNATURES | |
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| DFPS Caseworker:  **X** | Date Signed: |
| DFPS Supervisor:  **X** | Date Signed: |