



REQUEST FOR PARENT SUPPORT GROUP FACILITATION FEE

Purpose: Use this form to request a facilitation fee be paid to a parent liaison no more than one time per month for facilitating a parent support group to parents with open CPS or CPI cases in investigation, alternative response, family-based safety services, or conservatorship services.

Directions: The parent liaison fills out and signs the form. The parent liaison sends the completed form to the CPS or Single Source Continuum Contractor (SSCC) liaison, who signs and forwards it to the State Office parent program specialist. If you have questions or need more information, email DFSParentProgramSupport@dfps.texas.gov.

Note: The parent support group must last for at least one and one half hours to qualify for the facilitation fee.

INFORMATION ABOUT THE PARENT SUPPORT GROUP

Month and year:

Date of parent support group (If multiple meetings were held during the month, list only one meeting.):

Location:

Duration:

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

AFFIRMATION OF PARENT LIAISON

By signing below, I affirm the provided information is true and correct to the best of my knowledge. I am requesting to be compensated \$100 for facilitating at least one parent support group lasting for at least one and one half hours during the month.

Parent Liaison Signature:

X

Parent Liaison Printed Name:

Date Signed:

FOR DFPS/SSCC STAFF USE ONLY

Staff Liaison Signature:

X

Date:

State Office Parent Program Specialist Signature:

X

Date: