# Enhanced Permanency Care Assistance Request

**Purpose:** The prospective conservator parents complete this form to request Enhanced Permanency Care Assistance (Enhanced PCA) benefits.

**Directions:** Prospective conservator parents fill out this form with identifying information to request Enhanced PCA benefits. The conservator parents send this form back to the primary caseworker for submission.

If the prospective conservator parents have any questions, please refer to the child's primary caseworker. The primary caseworker notifies the family when Enhanced PCA is approved or denied.

| FOR AGENCY USE ONLY | | |
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| Date Form Requested: | Date Form Mailed or Given: | Date Form Returned: |
| IDENTIFYING INFORMATION | | |
| Prospective Conservator Parent 1: | Date of Birth: | Social Security Number: |
| Occupation: | Work Number: | Cell Phone Number: |
| Email Address: | | |
| Prospective Conservator Parent 2: | Date of Birth: | Social Security Number: |
| Occupation: | Work Number: | Cell Phone Number: |
| Email Address: | | |
| Mailing Address (Street, P.O. Box or Apt. #, City, State, ZIP code): | | |
| Residential Address (if different from mailing address): | | |
| Child’s Name: | Date of Birth: | Social Security Number: |
| Child’s Name: | Date of Birth: | Social Security Number: |
| Child’s Name: | Date of Birth: | Social Security Number: |
| Child’s Name: | Date of Birth: | Social Security Number: |
| Total Number of Household Members: | | |

| PRIVACY STATEMENT |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.state.tx.us/policies/Website/). |

| SIGNATURES | |
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| I was advised and understand that this request for enhanced permanency care assistance will be considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief.  I understand that enhanced permanency care assistance is not available to a conservator or prospective conservator parent who entered into a permanency care assistance agreement **prior to** September 1, 2023.  I also understand that if my request is denied, I may request a fair hearing, provided that the following criteria are met:   * The child qualifies as a special needs child. * DFPS confirmed in writing that I am the appropriate prospective conservator placement for the child. * The child met each of the following criteria immediately prior to the signing of the Permanency Care Assistance agreement:   + The child has an authorized service level of "specialized" or "intense" or had such an authorized service level immediately prior to being placed in a facility or home operated or regulated by another state agency.   + The child is living in **one** of the following:     - A foster care home or other residential child care operation that is regulated by the HHSC Child Care Regulation Division and was approved under licensing minimum standards to provide treatment services.     - A facility or home operated or regulated by another state agency in Texas or in another state that provides comparable treatment services. | |
| Signature of Prospective Conservator Parent:  X | Date Signed: |
| Signature of Prospective Conservator Parent:  X | Date Signed: |
| Primary Caseworker:  X | Date Signed: |
| Supervisor  X | Date Signed: |