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|  | **Date**      |
|  | **FROM:** |
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|  |  |  |  | **Office Address and Telephone No.**  |
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| **Enhanced Permenancy Care Assistance Denial Letter** |  |
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| **The request for enhanced permenancy care assistance for**  |  |
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| **was not approved for the following reasons: (check at least one of the reasons below for the denial)**[ ]  **A. Your child does not qualify as a special needs child.**[ ]  **B. Your child does not meet each of the following criteria immediately prior to the signing of the permanent managing conservatorship placement agreement (check all that are not met):** [ ]   **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; and**[ ]   **The child is living in:****(1) a foster care home or other residential child-care operation that is regulated by the HHSC Child Care Regulation Division and is approved under Licensing minimum standards to provide treatment services; or** **(2) a facility or home operated or regulated by another state agency in this state or in another state that provides comparable treatment services.**[ ]  **E. Other (state reason)** |  |
|  |       |
| **Please feel free to call if there are any questions regarding the denial of enhanced permanency care assistance.** **You may request a fair hearing if this denial is not based on any of the reasons in A. and B. above and we have confirmed in writing that you are the appropriate prospective conservator placement for the child. We must receive your written request for a hearing no later than 90 days after the date of this denial.** |
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Signature Date