



PLACEMENT AUTHORIZATION - SUPERVISED INDEPENDENT LIVING

Purpose: Use this form to authorize placement in a SIL setting.

Directions: After completing this form and obtaining signatures, give the original to the caregiver, a copy to the young adult and file a copy in the case records. For more information on completing this form see K-908-2085SILins.

CHILD'S INFORMATION

The Texas Department of Family and Protective Services (DFPS), with placement are care responsibility of:

Young Adult's Name:		Person ID:	Medicaid No. :
Date of Birth:	County:	Court No. :	Cause No. :

TERMS AND CONDITIONS

hereby authorizes _____ (Name of SIL provider)
to serve as this young adult's SIL provider under the following terms and conditions:

1. Daily Care. The SIL provider must provide the young adult a SIL placement setting and SIL service as provided in the SIL contract.
2. Education and Medical. The young adult has the legal authority to enroll in high school, college or other educational programs on his own. The SIL provider can assist with any education application process if requested to do so by the young adult. Young Adults are their own medical consenters. The SIL provider may assist the young adult with medical issues when requested by the young adult.
3. Young adults in DFPS SIL placements are under the placement and responsibility of DFPS and are categorically eligible for free meals/milk in the National School Lunch Program/School Breakfast Program (NSLP/SBP). Young adults enrolled in high-school who want free meals/milk only have to present this document to the high-school; no further application is required.
4. Travel. The SIL provider may provide routine transportation for the young adult, including transportation for medical and dental care. Young adults need to be able to come and go from the SIL placement as needed without asking permission. Any curfew guidelines must take into account a young adult's work hours, school schedule, and social activities. However, if the young adult is gone more than 72 hours without prior notification or contact with the SIL provider, the provider must notify the DFPS caseworker.
5. Photographs and videotapes. The SIL provider may take photographs and record videotapes of the young adult with the young adult's consent. The SIL provider generally may not release any photographs or videotapes of the young adult for public use without DFPS's and the young adult's prior written permission. Prior DFPS written permission is not necessary if the young adult gives verbal permission and the use of the photograph is in the young adult's best interest, no reference is made to the fact that the adult is in the placement and care responsibility of DFPS, and the release is in the course of normal school or extracurricular activities or to the young adult's friends.
6. Confidentiality. The SIL provider must not release information about the young adult to anyone, including Court Appointed Individuals without the prior authorization of the young adult except the SIL provider must give DFPS unrestricted access to information about the young adult at all times.
7. Contact with the Family. The SIL provider cannot prohibit the young adult and the young adult's family (as well as other individuals who are significant to the young adult) from maintaining contact.

Authority of the Department and Family and Protective Services, DFPS, at its sole discretion, may remove the young adult from the SIL provider at any time, subject to applicable court orders.

Important: Forms in the 2085 series are the only caregiver authorizations that the young adult's caseworker and the caseworker's supervisor may sign. If either of them has signed any other caregiver authorization, that authorization is null and void.

SIGNATURES

Signature Young Adult: X	Date Signed:	Telephone Number:
Signature SIP Provider: X	Date Signed:	Telephone Number:
Signature SIP Provider: X	Date Signed:	Telephone Number:
Signature DFPS Caseworker X	Date Signed:	Telephone Number:
Signature DFPS Supervisor: X	Date Signed:	Telephone Number:
DFPS Supervisor:	Date Signed:	