

PLACEMENT AUTHORIZATION REGULAR KINSHIP PLACEMENT INSTRUCTIONS

PURPOSE

To authorize a Kinship or other Non-Foster Caregiver to care for a child.

To describe the responsibilities, scope and limits of the caregiver's authority.

To document a Kinship or other Non-Foster Caregiver authorization.

PROCEDURE

When to Prepare

The child's worker prepares Form 2085-KO when placing a child in DFPS's conservatorship with a Kinship or other Non-Foster Caregiver.

Number of Copies

Complete an original and one copy for each child.

Transmittal and Form Retention

The original is given to the caregiver along with the original of Form 2085-B, Designation of Medical Consenter. The copy is filed in the external paper case record for the life of the record.

DETAILED INSTRUCTIONS

Print or type all entries.

Child's Name – Aria Brown

Person ID - 106077890

Medicaid Number - 704184600

Date of Birth – 10/03/2013

County - Denton

Court Number – 442

Cause Number - 22-1539-442

Date of Placement – 6/30/2022

Caregiver's Name – Mr. Christopher Fluitt and Mrs. Sarah Fluitt

Relationship to Child – Fictive Kinship from Church. Mr. Fluitt is a pastor and Mrs. Fluitt known Aria through church from 1 ½ years of age to approximately 4 ½ years of age knowing her when she returned to the area last Fall of 2021.

#11 Reason for Placement – Placement is adoption motivated and report they have the best interest for Aria having known her through their local church. They report completing training to become licensed foster home.

#12 Time in Care – Dismissal Date of the suit is **March 3rd, 2023**

Signature - This form must be signed and dated by the Caregiver, DFPS Caseworker and Supervisor. Print the Program Director's name and phone number.

 06/30/2022

Caregiver

 Date: 06/29/2022

DFPS Caseworker

Jennifer Ware (940) 393-2349
Program Director