**PURPOSE**

To authorize a Home and Community Based Services Caregiver to care for a child.

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

To document the Home and Community Based Services authorization.

**PROCEDURE**

**When to Prepare**

The child’s worker prepares Form 2085HCS when placing a child in DFPS’s conservatorship into a Home and Community Based Services placement.

**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 for Medical Care. 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 -** Enter the child’s name as it appears on the court order.

**Person ID -** Enter the child's person identification number as assigned in IMPACT

**Medicaid Number -** Enter the child’s Medicaid number.

**Date of Birth -** Enter the date of birth as it appears on the child’s birth certificate.

**County -** Enter the name of the county in which the petition was filed.

**Court Number -** Enter the number of the court with jurisdiction over the child.

**Cause Number -** Enter the cause number from the court order appointing DFPS as the child’s managing conservator.

**Date of Placement -** Enter the date the placement will be made.

**HCS Provider's Name -** Enter the name of the HCS provider or agency.

**Caregiver's Name -** Enter the name of the foster parent or group home.

**#11 Reason for Placement -** If this is not a DFPS foster-adoptive home placement, briefly discuss the reason for the child’s out-of-home placement.

**#12 Time in Care -** If this is not a DFPS foster-adoptive home placement, enter the amount of time the child is expected to be in care.

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