#   CPS Rights of Children and Youth in Foster Care

**Purpose:** Provide a copy of the CPS Rights of Children and Youth in Foster Care to the children and youth in foster care.

**Directions:** The caseworker must provide a copy of the CPS Rights of Children and Youth in Foster Care (Bill of Rights) to all children and youth in foster care no later than 72 hours from the date they come into care and when a placement change is made into a DFPS FAD home. The primary caseworker must review these rights with the child or youth. Upon completion of the review, the caseworker must have the child or youth and the caregiver 1) sign on the appropriate signature lines, 2) provide a copy to the child or youth and caregiver, 3) upload a signed copy into OneCase in IMPACT, and 4) enter the date of review on the Child Placement Information page in the child’s SUB stage in IMPACT.

| CHILD'S INFORMATION   |
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| Child or Youth’s Full Name :::      | Child’s Date of Birth:      | Date:      |
| Placement Name and Address:      |
| Note if the child or youth is unable to sign and the reason:      |

| CHILD’S RIGHTS   |
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| **AS A CHILD OR YOUTH IN FOSTER CARE, I HAVE THE RIGHT TO:**  |
| **SAFETY AND CARE**1. Be told:• Why I am in foster care.• What will happen to me.• What is happening to my family (including brothers and sisters). • How is CPS planning for my future.2. Have good care and treatment that meets my needs in the most family-like setting possible. This means I have the right to live in a safe, healthy, and comfortable place. And I am protected from getting hurt, treated with respect, and have some privacy for personal needs. 3. Be told the rules by a person at the place where I am living.4. Be free from abuse, neglect, exploitation, and harassment from any person in the household or facility where I live.5. Be kept informed about any investigations that involve me. 6. Be treated fairly. |
| **FAMILY AND OTHER CONTACTS**7. Live with my siblings who are also in foster care, if possible. If I am not living with my siblings, I have the right to know why. If there are no safety or other compelling reasons why I cannot live with my siblings, it is my caseworker's job to try and find a home where I can live with my siblings. 8. Visit and have regular contact with my family, including my brothers and sisters (unless a court order or case plan doesn't allow it), and to have my caseworker explain any restrictions to me and write them in my record. I have the right to file a court petition to request access to my siblings, if I have been separated from my siblings because of an action by DFPS. 9. Visit and have contact with persons outside the foster care system. These visitors can be, but are not limited to, teachers, church members, mentors, and friends.**HAVE A NORMAL LIFE**10. Speak and be spoken to in my own language. This includes Braille if I am blind, or sign language if I am deaf. If my foster parents or caregiver does not know my language, CPS will give me a plan to meet my needs to communicate.11. Go to school and get an education that fits my age and individual needs.12. Have my religious needs met.13. Participate in childhood activities that are appropriate for my age and maturity, including youth leadership development, foster family activities, and unsupervised childhood and extracurricular activities (including playing sports, playing in the band, going on field trips, spending time with friends, etc.).14. Privacy, including sending and receiving unopened mail, making and receiving private phone calls, and keeping a personal journal, unless an appropriate professional or court says that restrictions are necessary for my best interest.15. Personal care, hygiene, and grooming products and training on how to use them.16. Comfortable clothing for my age and size and similar to clothing worn by other children in my community. I also have the right to clothing that protects me against the weather. If I’m a teenager, I should have the reasonable opportunity to select my clothing.17. Have my personal items and gifts at my home and to get additional things within reasonable limits, as planned for and discussed by my caregiver and caseworker, and based on my caregiver's ability.18. Have my personal belongings transported in luggage (suitcase, duffel bag, backpack, or similar container) when being placed in foster care or changing placements, and the luggage be my personal property.19. Personal space in my bedroom to store my clothes and belongings.  |

| CHILD’S RIGHTS   |
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| **AS A CHILD OR YOUTH IN FOSTER CARE, I HAVE THE RIGHT TO:**  |
| **HAVE A NORMAL LIFE** (continued)20. Be informed of search policies (going through my personal items). I have the right to be told if certain items are forbidden (or if I am not allowed to have them) and why. If my belongings are removed, it must be documented. 21. Healthy foods in healthy portions for my age and activity level.22. Seek employment, get paid for work done at my placement (except for routine chores or work assigned as fair and reasonable discipline), keep my own money, and have my own bank account in my own name, depending on my age or level of maturity.23. Give my permission in writing before taking part in any publicity or fund-raising activity for the place where I live, including the use of my photograph.24. Refuse to make public statements showing my gratitude to a foster home, child-placing agency, or operation.25. Not get pressured to get an abortion, give up my child for adoption, or to parent my child, if applicable. |
| **DISCIPLINE**26. Be free of any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This means I should never: • Be shaken, hit, spanked, or threatened with being shaken, hit, or spanked.• Be forced to do unproductive work.• Be denied food, sleep, access to a bathroom, mail, or family visits.• Have myself or my family made fun of. • Be threatened with losing my placement or shelter.• Be treated in a way meant to embarrass, control, harm, intimidate, or isolate me by use of physical force, rumors, threats, or inappropriate comments.27. Be disciplined in a manner that is appropriate for how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment, or threat of corporal punishment. 28. Be informed of emergency behavioral intervention policies in writing. I have the right to know how staff will control me if I cannot control my behavior, and to know how staff will keep me and those around me safe. |
| **PLANS FOR ME WHILE IN CARE**29. See my caseworker at least once a month and in private. 30. Receive a complete plan that addresses my needs and services, including transition activities when I am 14 or older that plan for my life as an adult, to include a career, college, or help enrolling in an educational or vocational job training program. I also have the right to a copy or summary of my plan and the right to review it.31. Actively participate in creating my plan for services and permanent living arrangements. I have the right to ask someone to act on my behalf or to support me in my participation. At age 14, I have the right to invite two or more additional people of my choosing, that are not my foster parent or caseworker, to participate in my case planning meetings. **If I am an older youth:**32. If I am age 14 or older, I have the right to one or more Circles of Support Conferences.33. If I am age 14 or older, I have the right to be told about services, programs, and benefits available to me when I leave care—Preparation for Adult Living (PAL), Education and Training Vouchers (ETV) Program, college tuition and fee waiver, STAR Health-Medicaid, Extended Foster Care, and others. 34. If I am age 16 or older, I have the right to attend Preparation for Adult Living (PAL) classes and other state and regional activities as required, or appropriate, for my plan for services. 35. If I am age 16 or older, I have the right to get help in obtaining a place to live and information on the cost of housing when aging out of care, so that I can plan for my future independence. |
| **MEDICAL CARE**36. Good medical, dental, and vision care, and mental health and developmental services that adequately meet my needs. I have the right to also request that the care or services be separate from adults (other than young adults) who are receiving services.37. Not be forced to take unnecessary or too much medication.38. Be involved in decisions about my medical care: * I may consent to my own treatment in some cases, if allowed by the health care provider. For example, the law allows me to consent to my own counseling for suicide prevention, drug or alcohol problems, or sexual, physical, or emotional abuse, and I can agree to be treated for serious contagious or communicable diseases.
* If I am pregnant and unmarried, I can agree to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy. If I have a child who is in my legal care, I can consent to all medical care for my child.
* If I am 16 years old or older, I have the right to ask a judge to legally authorize me to make some or all of my own medical decisions, such as which kinds of medications I should take.
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| **LEGAL REPRESENTATION OR COURTS**39. Contact and speak privately to my caseworker, attorneys, ad litems, probation officer, court-appointed special advocate (CASA), and Disability Rights Texas. 40. Go to court hearings and speak to the judge, including talking to the judge about where I am living and what I would like to see happen to me and my family. |
| **RECORDS**41. Expect that my records and personal information will be kept private and will be discussed only when it is about my care. 42. Have a copy of the CPS Rights of Children and Youth in Foster Care and that these rights be explained to me in my primary language or by any means that successfully explains it to me.43. Have a credit report run annually, beginning at age 14, be informed of the results, and receive assistance in interpreting the report and disputing any inaccuracies. 44. Receive help with getting my birth certificate, Social Security card, and personal identification card (state ID, or when appropriate, driver license) before I turn 16. 45. Get necessary personal information within 30 days of leaving care, including my immunization records, proof of Medicaid enrollment, information about how to set up a Medical Power of Attorney, and information contained in my education portfolio and health passport. |
| **MAKE COMPLAINTS**46. Make calls, reports, or complaints without being punished, threatened with punishment, or retaliated against. I have the right to make any of these calls privately and anonymously if I choose, and the call center permits it. Depending on the nature of the complaint, I have the right to call:• The DFPS Texas Abuse Hotline at 1-800-252-5400 • The HHSC Ombudsman for Children and Youth currently in foster care at 1-844-286-0769 • The DFPS Office of Consumer Affairs at 1-800-720-7777 • Disability Rights Texas at 1-800-252-9108 47. To get information from my caseworker, attorney, CASA, or any other individual in my case, about where I can make my complaint, if I have one. 48. Be kept informed about the outcomes of any complaints made to the HHSC Ombudsman for Children and Youth. |

| DIRECTIONS FOR CHILDREN AND YOUTH    |
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| If you need to talk to your caseworker, you may contact them using the contact information below. If you call your caseworker and they do not answer, please leave a message. In your message, please say the reason for your call and how your caseworker can contact you. Your caseworker will respond as soon as possible. If your caseworker does not respond quickly and you need help immediately, please contact the supervisor. If the supervisor is not available and you need help immediately, please contact the program director. |

| CONTACT INFORMATION   |
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| Caseworker’s Name:       Work Cell Phone:       Email Address:       |
| Supervisor’s Name:       Work Cell Phone:       Email Address:       |
| Program Director’s Name:       Work Cell Phone:       Email Address:       |
| Attorney Ad Litem’s Name:       Work Cell Phone:       Email Address:       |

| SIGNATURES   |
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| Child or Youth:**X**       | Date Signed:      |
| CPS Caseworker:**X**       | Date Signed:      |
| Caregiver: **X**       | Date Signed:      |