

Kinship Care Payment Application

Use of form: Use of this form is mandatory; its completion meets the requirements of s.48.57(3m) and s.48.57(3p), of the Wisconsin Statutes and Ch. DCF 58.04 Admin. Code. Personally identifiable information collected on this form is confidential and will be used for identification and determination of eligibility for a payment only. Personal information individuals provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

NOTICE: This form must be completed to the best of the applicant's ability. Misrepresenting the applicant's relationship to the child, or providing false information regarding the child, the child's parents, the applicant, or members of the applicant's household will result in denial of the kinship grant.

I. CHILD(REN) WHOM PROVIDER IS REQUESTING KINSHIP CARE BENEFIT

CHILD 1 Full Name (Last, First, MI)

Birthdate (mm/dd/yyyy)	Social Security Number or date applied	Last Grade Completed
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Yes No Does the child receive social security income (SSI) on their **own** behalf? If "Yes", he or she is ineligible for Kinship Care payment.

Yes No Is the child a U.S. citizen? If "No", describe status:

Yes No Do you have guardianship of this child? If "Yes", what type of guardianship?

s. 48.977 Wis. Stats. s. 48.9795 Wis. Stats. (Includes Ch. 54)
 Substantial similar tribal court order Other, please describe:

Race/Ethnicity (Check at least one box and may check up to three boxes)

White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Yes No Does the child have health insurance? If "Yes", what type of health insurance?

Badgercare+ Private Health Insurance

Relationship to caregiver	Date began living with caregiver (mm/dd/yyyy)
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Describe why the child cannot live with their parent(s):

Parent 1 Full Name	Social Security Number
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Birthdate (mm/dd/yyyy)	Home Telephone Number
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Address – Street

City	State	Zip Code
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Race/Ethnicity (Check at least one box and may check up to three boxes)

White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Parent 2 Full Name	Social Security Number
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Birthdate (mm/dd/yyyy)	Home Telephone Number
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Address – Street

City	State	Zip Code
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Race/Ethnicity (Check at least one box and may check up to three boxes)

- White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

CHILD 2 Full Name (Last, First, MI)

Birthdate (mm/dd/yyyy) | Social Security Number or date applied | Last Grade Completed

Yes No Does the child receive social security income (SSI) on their **own** behalf? If "Yes", he or she is ineligible for Kinship Care payment.

Yes No Is the child a U.S. citizen? If "No", describe status:

Yes No Do you have guardianship of this child? If "Yes", what type of guardianship?
 s. 48.977 Wis. Stats. s. 48.9795 Wis. Stats. (Includes Ch. 54)
 Substantial similar tribal court order Other, please describe:

Race/Ethnicity (Check at least one box and may check up to three boxes)

- White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Yes No Does the child have health insurance? If "Yes", what type of health insurance?
 Badgercare+ Private Health Insurance

Relationship to caregiver | Date began living with caregiver (mm/dd/yyyy)

Describe why the child cannot live with their parent(s):

Parent 1 Full Name | Social Security Number

Birthdate (mm/dd/yyyy) | Home Telephone Number

Address – Street

City | State | Zip Code

Race/Ethnicity (Check at least one box and may check up to three boxes)

- White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Parent 2 Full Name | Social Security Number

Birthdate (mm/dd/yyyy) | Home Telephone Number

Address – Street

City | State | Zip Code

Race/Ethnicity (Check at least one box and may check up to three boxes)

- White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

CHILD 3 Full Name (Last, First, MI)

Birthdate (mm/dd/yyyy) | Social Security Number or date applied | Last Grade Completed

Yes No Does the child receive social security income (SSI) on their **own** behalf? If "Yes", he or she is ineligible for Kinship Care payment.

Yes No Is the child a U.S. citizen? If "No", describe status:

Yes No Do you have guardianship of this child? If "Yes", what type of guardianship?
 s. 48.977 Wis. Stats. s. 48.9795 Wis. Stats. (Includes Ch. 54)
 Substantial similar tribal court order Other, please describe:

Race/Ethnicity (Check at least one box and may check up to three boxes)

White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Yes No Does the child have health insurance? If "Yes", what type of health insurance?
 Badgercare+ Private Health Insurance

Relationship to caregiver	Date began living with caregiver (mm/dd/yyyy)
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Describe why the child cannot live with their parent(s):

Parent 1 Full Name	Social Security Number
---------------------------	------------------------

Birthdate (mm/dd/yyyy)	Home Telephone Number
------------------------	-----------------------

Address – Street

City	State	Zip Code
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Race/Ethnicity (Check at least one box and may check up to three boxes)

White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Parent 2 Full Name	Social Security Number
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Birthdate (mm/dd/yyyy)	Home Telephone Number
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Address – Street

City	State	Zip Code
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Race/Ethnicity (Check at least one box and may check up to three boxes)

White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

CHILD 4 Full Name (Last, First, MI)

Birthdate (mm/dd/yyyy)	Social Security Number or date applied	Last Grade Completed
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Yes No Does the child receive social security income (SSI) on their **own** behalf? If "Yes", he or she is ineligible for Kinship Care payment.

Yes No Is the child a U.S. citizen? If "No", describe status:

Yes No Do you have guardianship of this child? If "Yes", what type of guardianship?
 s. 48.977 Wis. Stats. s. 48.9795 Wis. Stats. (Includes Ch. 54)
 Substantial similar tribal court order Other, please describe:

Current Address – Street

City	State	Zip Code
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Mailing Address if Different Than Above

City	State	Zip Code
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Previous Addresses for Last 5 Years (Including Out-of-State or Country):

Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Demographic Information of Kinship Caregiver Applicant 1

Birthdate	Hispanic or Latino / Latina <input type="checkbox"/> Yes <input type="checkbox"/> No
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Race/Ethnicity (Check at least one box and may check up to three boxes)

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Race Unknown

Yes No Are you a U.S. citizen?

Educational Level

	Enter highest level of education attained.
01 to 11	Grade level completed in primary / secondary school. Enter last grade completed.
12	High school diploma, GED or National External Diploma Program
13	Awarded associate degree
14	Awarded bachelor's degree
15	Awarded graduate degree (master's or higher)
16	Other credentials (degree, certificate, diploma, etc.)
98	No formal education

Caregiver 2 Full Name (Last, First, MI)	Social Security Number
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Yes No Are you a Wisconsin resident? If "Yes", for how long?

Primary Telephone Number	Email Address
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Indicate your relationship to the child(ren): check applicable box below:

<input type="checkbox"/> Stepparent	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Stepsister
<input type="checkbox"/> Stepbrother	<input type="checkbox"/> Half-brother	<input type="checkbox"/> Half-sister	<input type="checkbox"/> Brother-in-law
<input type="checkbox"/> Sister- in-law	<input type="checkbox"/> First Cousin	<input type="checkbox"/> Second Cousin	<input type="checkbox"/> Nephew
<input type="checkbox"/> Niece	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Step-uncle
<input type="checkbox"/> Step-aunt	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Great-grandfather
<input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Great-uncle	<input type="checkbox"/> Great-aunt	<input type="checkbox"/> Great-great-aunt
<input type="checkbox"/> Great-great-uncle	<input type="checkbox"/> Great-great grandfather	<input type="checkbox"/> Great-great step uncle	<input type="checkbox"/> Great-great step aunt
<input type="checkbox"/> Like-kin	<input type="checkbox"/> Great-great grandmother	<input type="checkbox"/> Step- grandparent	<input type="checkbox"/> First cousin once removed

Check box for which side of the child’s family you are related through.

Maternal(mother) Paternal(father)

Current Address – Street

City	State	Zip Code
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Mailing Address if Different Than Above

City	State	Zip Code
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Previous Addresses for Last 5 Years (Including Out-of-State or Country):

Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Address – Street

City	State	Zip Code
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Demographic Information of Kinship Caregiver Applicant 2

Birthdate	Hispanic or Latino / Latina <input type="checkbox"/> Yes <input type="checkbox"/> No
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Race/Ethnicity (Check at least one box and may check up to three boxes)

White Native Hawaiian or Other Pacific Islander Asian
 Black or African American American Indian or Alaska Native Race Unknown

Yes No Are you a U.S. citizen?

Educational Level

	Enter highest level of education attained.
01 to 11	Grade level completed in primary / secondary school. Enter last grade completed.
12	High school diploma, GED or National External Diploma Program
13	Awarded associate degree
14	Awarded bachelor's degree
15	Awarded graduate degree (master's or higher)
16	Other credentials (degree, certificate, diploma, etc.)
98	No formal education

III. OTHER ADULT MEMBERS IN THE HOUSEHOLD

1. Full Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Has this person lived outside of Wisconsin in the past 5 years?	
2. Full Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Has this person lived outside of Wisconsin in the past 5 years?	
3. Full Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Has this person lived outside of Wisconsin in the past 5 years?	
4. Full Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Has this person lived outside of Wisconsin in the past 5 years?	
5. Full Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Has this person lived outside of Wisconsin in the past 5 years?	

Narrative

IV. OTHER CHILDREN IN THE HOUSEHOLD

1. Full Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Relationship to Kinship Caregiver	
2. Full Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	
3. Full Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Relationship to Caregiver	
4. Full Name (Last, First, MI)	Birthdate (mm/dd/yyyy)

Relationship to Caregiver

5. Full Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

Relationship to Caregiver

Narrative

V. EMPLOYEE OF CAREGIVER WHO WOULD HAVE REGULAR CONTACT WITH CHILD

Full Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

Primary Telephone Number

Address – Street

City

State

Zip Code

Yes No Wisconsin resident? If "Yes", for how long?

VI. CONFIRMATION

I, the undersigned Caregiver, attest to the following:

- Neither I, nor any other adult resident of this household, nor any employee who would have regular contact with the minor identified in this application, have any arrests or convictions which would adversely affect the minor or my ability to care for the minor identified in this application.
- The child(ren) resides in my home.
- I am caregiver per Ch.58.02(18m) or 58.02(22).
- I will cooperate with referral of the child's parent or parents to the child support agency, or I have requested a Good Cause claim (see Appendix).
- I will cooperate with the agency in this application process, the annual eligibility redetermination, including applying for any other financial assistance programs for which the minor identified above may be eligible.
- I understand that the Kinship Care funds I receive may not be used toward purchases in any liquor store; any casino, gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.
- I will notify the agency within five (5) days of any of the following occurring:
 - The habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor in this application.
 - The child and I move to a new residence.
 - I, or a prospective employee, employee, prospective adult resident, or adult resident of my home is the subject an investigation or final substantiated finding that the person has abused or neglected a child.
 - The child has a new caregiver.
 - The child is married.
 - The child entered the military.
 - The child is deceased.
 - The child graduates, completes, or drops out from a full-time, secondary school or it's vocational or technical equivalent and the child is 18 years old.
 - There is no longer an individualized education program (IEP) under s. 115.787, Stats., in effect for the child and the child is 18 years old.
 - I am no longer supporting the child.
 - The child's parent is residing with the child and I.
 - The child is placed outside my home under a court order, voluntary placement agreement under s. 48.63, Stats., or a voluntary transition-to-independent-living agreement.
 - The child is placed into my home under a court order or a voluntary transition-to-independent-living agreement.
 - The child is no longer living in my home.

I attest that the information provided above is truthful and accurate to the best of my knowledge.

Caregiver 1 SIGNATURE	Date Signed
Caregiver 2 SIGNATURE	Date Signed

If someone other than the applicant(s) has assisted in completing this form, by signing below you acknowledge that it is exactly as stated by applicant(s).

SIGNATURE of Person Other Than Applicant(s) That Assisted in Completing Form	Relationship to Applicant(s)
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APPENDIX 1

KINSHIP CARE CHILD SUPPORT GOOD CAUSE NOTICE - DCF 58.12(2)

Despite the possible benefits, you may have a good reason for not cooperating with seeking child support for the child in your care. Such a reason is called "good cause." If you believe that cooperating would cause you or the child(ren) in your care serious physical or emotional harm or create other situations you think would be harmful, you may have "good cause" now or at any time in the future. If you do claim "good cause," you must provide supporting evidence as to why you should not be required to cooperate.

If you want to claim "good cause" for not cooperating with seeking child support for the child in your care, complete Appendix 2 of this form.

If the child welfare agency does not approve your claim, you will not be eligible for Kinship Care unless you cooperate. If you do not agree with the "good cause" claim decision, you can request an appeal of that decision. The written notice of the agency's final determination of the good cause claim will contain information about how to request an appeal.

APPENDIX 2

Leave this Section blank if you are not requesting Good Cause

KINSHIP CARE CHILD SUPPORT GOOD CAUSE CLAIM - DCF 58.12

For Refusing to Cooperate in Obtaining Child and / or Medical Support

The following are circumstances under which the county or tribal child welfare agency may find that you have "good cause" for not cooperating:

1. Your cooperation could result in physical or emotional harm to the child in your care.
2. Your cooperation could result in physical or emotional harm to you which is so serious it reduces your ability to care for the child adequately.
3. The child in your care was born as a result of incest or sexual assault.

If you claim "good cause" for one of the above reasons, you must provide evidence to support your claim. You have 20 days from the date you claim "good cause" to give the child welfare agency this evidence. More time can be approved for exceptional reasons. The following are examples of the kinds of evidence you can use to support "good cause."

1. Birth certificates or medical or law enforcement records that indicate that the child was conceived as the result of incest or sexual assault.
2. Court, medical, criminal, child protective services, social services, psychological or law enforcement records which indicate that the alleged or absent parent might inflict physical or emotional harm on you or the child.
3. Medical records which give your or the child's emotional health history and present health status; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child.
4. A sworn statement from individuals, including friends, neighbors, clergy, social workers, and medical professionals who might have knowledge of circumstances which would help support your claim.
5. Any other supporting or corroborative evidence.

If you have no evidence to support your fear of physical harm, the agency may still be able to make a "good cause" determination after an investigation. The agency may decide to conduct an investigation of any good cause claim. You may be required to give information to help in that investigation. The absent parent(s) will not be contacted without your being told first.

The child welfare agency must decide within 45 days if you have "good cause" based on your evidence. Kinship Care payments cannot be denied, delayed, reduced, or discontinued pending a determination of "good cause."

You will be notified immediately of the agency's "good cause" determination. If "good cause" is not found, you will have 10 days to withdraw the claim and cooperate, withdraw your application or request that your case be closed, exclude allowable individuals from the application or case, or request any allowable appeal.

If you are found to have "good cause" for not cooperating, the child support agency will be notified of the decision and directed to:

1. Take no further action to establish paternity, collect child support or pursue third parties who may be liable for medical support; or
2. Attempt to establish paternity, collect child support, or pursue third parties who may be liable for medical support without your cooperation if this can be done without risk to you or the child.

Deliver this notice to the agency in person or send it by registered or certified mail.

If your evidence is not sufficient, the Kinship Care agency will tell you what other evidence is needed. They will give you reasonable help in obtaining the necessary evidence.

I certify that my "good cause" claim is based on fact to the best of my knowledge. I understand that giving false information will cause this claim to be denied. I have received a copy of this claim. I hereby claim "good cause" for the following reasons:

I declare under penalty of false swearing under the law of Wisconsin that the foregoing is true and correct.

Caregiver Applicant FULL NAME

Caregiver Applicant **SIGNATURE**

Date Signed

Child Welfare Agency Professional FULL NAME

Child Welfare Agency Professional **SIGNATURE**

Date Signed

APPENDIX 3

To be used for additional applicant children

CHILD(REN) WHOM PROVIDER IS REQUESTING KINSHIP CARE BENEFIT

CHILD Full Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	Social Security Number or date applied
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<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive social security income (SSI) on their own behalf? If "Yes", he or she is ineligible for Kinship Care payment.	Last Grade Completed
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<input type="checkbox"/> Yes <input type="checkbox"/> No Is the child a U.S Citizen? If "No", describe status:
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<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have guardianship of this child? If "Yes", what type of guardianship?
<input type="checkbox"/> s. 48.977 Wis. Stats. <input type="checkbox"/> s. 48.9795 Wis. Stats. (Includes Ch. 54)
<input type="checkbox"/> Substantial similar tribal court order <input type="checkbox"/> Other, please describe:

Race/Ethnicity (Check at least one box and may check up to three boxes)		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Race Unknown

<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have health insurance? If "Yes", what type of health insurance?
<input type="checkbox"/> Badgercare+ <input type="checkbox"/> Private Health Insurance

Relationship to caregiver	Date began living with caregiver (mm/dd/yyyy)
---------------------------	---

Describe why the child cannot live with their parent(s):
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Parent 1 Full Name	<input type="checkbox"/> Same as child #
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Social Security Number	Birthdate (mm/dd/yyyy)	Home Telephone Number
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Address – Street	City	State	Zip Code
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Race/Ethnicity (Check at least one box and may check up to three boxes)		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Race Unknown

Parent 2 Full Name	<input type="checkbox"/> Same as child #
--------------------	--

Social Security Number	Birthdate (mm/dd/yyyy)	Home Telephone Number
------------------------	------------------------	-----------------------

Address – Street	City	State	Zip Code
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Race/Ethnicity (Check at least one box and may check up to three boxes)		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Race Unknown