

Joint Court Ordered Kinship Care and Foster Care Application - Part A

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

Instructions: Part A of this application shall be completed and provided to the agency prior to the initiation of Kinship Care payments. Part B of the Foster Care application must be completed within 45 days of your signature on Part A of this form. The application process for foster care includes providing a completed Part B of this application, meeting with agency staff for interviews, allowing a physical inspection of your home, and providing required information to complete background checks. Failure to complete all steps will result in termination of payment under Ch. DCF 58.08(1)(b). Admin. Code.

Complete Section I. for each child that you are requesting Kinship Care reimbursement. The application includes space for two caregivers, in the case that you have additional caregiver applicants, you may attach additional sections. The agency will also provide forms for background checks required for both the Kinship Care and Foster Care programs. For more information or for assistance filling out this form, please contact the person who provided this form to you.

I. CHILD IN PROVIDER'S CARE (LICENSURE REQUEST)

Name – Child (Last, First, MI)		Birthdate	Social Security Number
Date of Court Order	eWiSACWIS Case Number	Court Case Number	

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

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

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other |

Relationship to caregiver	Date began living with caregiver
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Name – Parent 1 of Minor Relative		Birthdate	Telephone Number – Home
Address – Street	City	State	Zip Code
Name – Parent 2 of Minor Relative		Birthdate	Telephone Number – Home
Address – Street	City	State	Zip Code

II. CAREGIVER(S)

CAREGIVER 1 Name (Last, First, MI)		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Wisconsin resident? If "Yes", for how long?	
Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a relative of the child? If "Yes", specify relationship:			Driver's License Number and State
Current Address – Street	City	State	Zip Code

Mailing Address if Different Than Above

Previous Addresses for Last 5 Years (Including Out-of-State or Country)

Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code

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

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other |

Marital Status

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Single – never married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married – living together | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married – but separated | |

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's 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 |

Current Employment Status

- Employed Unemployed Not in labor force (not looking for work, retired, disabled, etc.)

CAREGIVER 2 Name (Last, First, MI)

- Yes No Are you a Wisconsin resident?
If "Yes", for how long?

Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
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<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a relative of the child? If "Yes", specify relationship:	Driver's License Number and State
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Current Address – Street	City	State	Zip Code
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Mailing Address if Different Than Above

Previous Addresses for Last 5 Years (Including Out-of-State or Country)

Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code
Address – Street	City	State	Zip Code

Address – Street		City	State	Zip Code
Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	<input type="checkbox"/> Yes <input type="checkbox"/> No Hispanic or Latino / Latina	

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

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other |

Marital Status

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Single – never married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married – living together | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married – but separated | |

Educational Level

- _____ Enter highest level of education attained
- | | |
|----------|--|
| 01 to 11 | Grade level completed in primary / secondary school. Enter last grade completed. |
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| 14 | Awarded Bachelor's Degree |
| 15 | Awarded Graduate Degree (Master's or higher) |
| 16 | Other credentials (degree, certificate, diploma, etc.) |
| 98 | No formal education |

Current Employment Status

- Employed Unemployed Not in labor force (not looking for work, retired, disabled, etc.)

III. EMPLOYEES OF CAREGIVER RELATIVE WHO WOULD HAVE REGULAR CONTACT WITH CHILD

1. Name	Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street	City	State	Zip Code

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

2. Name	Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street	City	State	Zip Code

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

3. Name	Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street	City	State	Zip Code

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

IV. CONFIRMATION

I, the undersigned Caregiver, attest to the following:

- Neither I, any other adult resident of this household nor any employee who would have regular contact with the minor relative identified above, have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
- I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
- I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves my home.
- I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
- I will cooperate with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.
- I will cooperate and meet with the agency to complete the foster care licensing process within 45 days of my signature below. I understand that if I do not complete the foster care licensing process with the agency in the next 45 days by providing a completed Part B of this application, meeting with agency staff for interviews, allowing a physical inspection of my home, and providing required information to complete background checks I will be found in non-compliance with s. 48.57(3m)(am)1.Wis. Stats. and Ch. DCF 58.04(1) Admin. Code and the agency will proceed with termination of payment under Ch. DCF 58.08(1)(b). Admin. Code.
- 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.

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 – Person Other Than Applicant(s) That Assisted In Completing Form	Relationship to Applicant(s)	Date Signed
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I attest that the information provided above is truthful and accurate to the best of my knowledge.

SIGNATURE – Caregiver 1	Date Signed
SIGNATURE – Caregiver 2	Date Signed
SIGNATURE – Caregiver 3	Date Signed