**Foster Home Information for eWiSACWIS**

**Use of form:** This form is required by Federal Register, 45 CFR, 1355.40, to be completed by Child Placing Agencies for Title IV-E foster homes monitoring and auditing purposes and for entering information into the Wisconsin Automated Child Welfare Information System (eWiSACWIS). Personal information you 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.

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| **TO:** DCF CPA Licensing Requests 210 W. Washington Ave. 5th floor Madison, WI 53703 DCFCPALicensingRequests@Wisconsin.gov | **FROM:** (Licensing Agency)      |
| **A. FOSTER HOME LICENSING ACTION** |
| Select Foster Home Licensing Action[ ]  Initial [ ]  Renewal [ ]  Modified [ ]  Revoked [ ]  Closed [ ]  Re-Apply After Denial [ ]  Re-Apply After Revocation |
| Foster Home Licensing Action Effective Dates: From       (mm/dd/yyyy) to       (mm/dd/yyyy) |
| **B. FOSTER PARENT(S) INFORMATION** |
| **Foster Parent 1** – Full Name (Last, First, Middle)      | Relationship to Child (e.g., foster parent / relative)      |
| Address (Street, City, State, Zip Code)      | Telephone Number      |
| Email Address      |
| Birthdate (mm/dd/yyyy)      | Social Security Number      | Marital Status      |
| Race(s)      | Foster Parent of Hispanic Origin[ ]  Yes [ ]  No |
| **Foster Parent 2** – Full Name (Last, First, Middle)      | Relationship to Child (e.g., foster parent / relative)      |
| Address (Street, City, State, Zip Code)      | Telephone Number      |
| Email Address      |
| Birthdate (mm/dd/yyyy)      | Social Security Number      | Marital Status      |
| Race(s)      | Foster Parent of Hispanic Origin[ ]  Yes [ ]  No |
| **Foster Parent 3** – Full Name (Last, First, Middle)      | Relationship to Child (e.g., foster parent / relative)      |
| Address (Street, City, State, Zip Code)      | Telephone Number      |
| Email Address      |
| Birthdate (mm/dd/yyyy)      | Social Security Number      | Marital Status      |
| Race(s)      | Foster Parent of Hispanic Origin[ ]  Yes [ ]  No |
| **C. OTHER HOUSEHOLD MEMBER(S) INFORMATION (**Attach an additional page if more than three household members) |
| **Other Household Member 1** |
| Full Name (Last, First, Middle)      | Birthdate (mm/dd/yyyy)      |
| Address (Street, City, State, Zip Code)      | Telephone Number      |
| Relationship to Child (e.g., foster parent / relative)      | Relationship to foster parent (e.g., relative)      |
| Marital Status      | Race(s)      | Hispanic Origin[ ]  Yes [ ]  No |
| **Other Household Member 2** |
| Full Name (Last, First, Middle)      | Birthdate (mm/dd/yyyy)      |
| Address (Street, City, State, Zip Code)      | Telephone Number      |
| Relationship to Child (e.g., foster parent / relative)      | Relationship to foster parent (e.g., relative)      |
| Marital Status      | Race(s)      | Hispanic Origin[ ]  Yes [ ]  No |
| **Other Household Member 3** |
| Full Name (Last, First, Middle)      | Birthdate (mm/dd/yyyy)      |
| Address (Street, City, State, Zip Code)      | Telephone Number      |
| Relationship to Child (e.g., foster parent / relative)      | Relationship to foster parent (e.g., relative)      |
| Marital Status      | Race(s)      | Hispanic Origin[ ]  Yes [ ]  No |
| **D. FOSTER HOME INFORMATION** |
| County Where Foster Home Located:      |
| School District Name Where Foster Home Located:      |
| **E. TYPE OF CARE** |
| Certification Level[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |
| **F. TYPE OF LICENSE (select appropriate type and complete corresponding section)** |
| [ ]  | **INITIAL** Foster Home License Effective Dates: From       (mm/dd/yyyy) to       (mm/dd/yyyy) |
|  | If license is the initial – what was the source of referral? (Select all that apply): |
|  | [ ]  Adoption / informational meeting[ ]  Bus tail / poster[ ]  Business / company[ ]  Church[ ]  County fair[ ]  Employer contact / groups[ ]  Event based[ ]  Foster home study request[ ]  Friend[ ]  Hospital / medical[ ]  Job fair[ ]  Knows foster parent | [ ]  Newspaper[ ]  Newspaper advertisement[ ]  Newspaper press release / feature story[ ]  Orientation[ ]  Other agencies[ ]  Other counseling agency[ ]  Other county[ ]  Previous adoptive parent[ ]  Previous foster parent[ ]  Radio[ ]  Radio advertisement | [ ]  Radio talk show [ ]  Regional office[ ]  School contacts / groups[ ]  School / educational[ ]  Self[ ]  Statewide marketing effort[ ]  Television[ ]  Television advertisement[ ]  Television talk show[ ]  Volunteers[ ]  Other –Specify:       |
| [ ]  | **MODIFIED** If license modified – effective date:       (mm/dd/yyyy) |
|  | Reason license modified (Select all that apply): |
|  | [ ]  Additional exceptions requested[ ]  Change in certification level[ ]  Activate additional service types | [ ]  Capacity, gender or age range change[ ]  Change in address / provider moved[ ]  Change in Provider Characteristics | [ ]  Change in household composition[ ]  Change in name |
| [ ]  | **REVOKED** If license revoked – effective date:       (mm/dd/yyyy)Attach revocation letter sent to the foster parent(s). |
|  | Reason license revoked (Select all that apply): |
|  | [ ]  Child abuse neglect[ ]  Criminal background | [ ]  Home does not meet standards[ ]  Personal requirements not satisfied  | [ ]  Other –Specify:       |
| [ ]  | **CLOSED** If license closed – effective date:       (mm/dd/yyyy) |
|  | Reason license closed (Select all that apply): |
|  | [ ]  Change in licensing agency[ ]  Child(ren) adopted[ ]  Foster child left foster home | [ ]  Foster parent request[ ]  Home does not meet standards[ ]  Moved from area | [ ]  Personal requirements not satisfied[ ]  Training requirements not satisfied[ ]  Duplicate provider clean-up |
|  | [ ]  Other – Specify:       |
| [ ]  | **PLACED ON HOLD** Has license been placed on “hold” status? [ ]  Yes [ ]  NoIf “Yes,” effective date:       (mm/dd/yyyy)Attach letter sent to the foster parent(s). |
|  | What was the reason the license was placed on hold? (Select all that apply): |
|  | [ ]  Administrative decision[ ]  Adoption in progress | [ ]  Child abuse neglect assessment[ ]  Foster parent request | [ ]  Foster parent training in progress[ ]  Other – Specify:       |
|  | [ ]  Yes [ ]  No Has license had its “hold” status lifted? If “Yes,” effective date:       (mm/dd/yyyy) |
|  | Attach letter sent to the foster parent(s). |
|  | Reason “hold” status lifted. |
|  | [ ]  Adoption completed[ ]  Staff decision[ ]  Unsubstantiated C/AN | [ ]  Adoption placement ended[ ]  Foster parent request[ ]  Appeal decision | [ ]  Foster parent training completed[ ]  Disrupted adoption placement[ ]  Other (documented or provider note) |
| **G. APPLICATION INFORMATION** |
| Date application provided to family (mm/dd/yyyy)      | Date completed application received (mm/dd/yyyy)      |
| Date SAFE home study report completed (mm/dd/yyyy)      | SAFE home study report attached[ ]  Yes [ ]  No |
| Decision:[ ]  Approved [ ]  Denied [ ]  Withdrew | Date of decision (mm/dd/yyyy)      |
| If application was denied, what was the Licensing Code Citation(s) and reason(s) for the denial? |
|  | Licensing Code Citation(s)      |
|  | Reason(s)      |
| If application was withdrawn, what was / were the reason(s) for the withdrawal? (Select all that apply) |
|  | [ ]  Agency recommendation[ ]  Change in family circumstances[ ]  Child abuse neglect substantiated[ ]  Criminal background[ ]  Has protective service record | [ ]  Home does not meet standards[ ]  Inadequate finances[ ]  Misuse of funds[ ]  Moved out of state / county[ ]  No longer interested | [ ]  Non-compliance with other regulations[ ]  Personal requirements not met[ ]  Unlicensable[ ]  Did not complete assessment decision[ ]  Noncompliance health and safety |
|  | [ ]  Other – Specify:       |
| **H. LICENSE EXCEPTIONS / WAIVERS** |
| [ ]  Yes [ ]  No Was an exception / waiver applied for by the foster parents? |
| If “Yes”, was the exception / waiver a licensing agency or Department of Children and Families (DCF) decision?[ ]  Licensing Agency [ ]  DCF |
| Attach an additional page if more than one exception / waiver was applied for. |
| Licensing Code Citation(s)      |
| Exception / Waiver Start Date (mm/dd/yyyy)      | Exception / Waiver End Date (mm/dd/yyyy)      |
| Licensing Professional Narrative (include rationale for exception / waiver request)      |
| Licensing Agency Supervisor Narrative      |
| Licensing Agency Decision[ ]  Approve [ ]  Approve Licensing Agency Alternative [ ]  Deny | Licensing Agency Decision Date (mm/dd/yyyy)       |
| DCF Exception Panel Chairperson Narrative      |
| DCF Exception Panel Decision |
| [ ]  Approved Application as Is [ ]  Approved Licensing Agency Alternative [ ]  Denied Request |
| [ ]  Approved Application with Specified Changes      |
| DCF Exception Panel Decision Date (mm/dd/yyyy)      |
| **I. PROVIDER CHARACTERISTICS** |
| **Family Accepts** |
| [ ]  ADD/ADHD requiring medication[ ]  Adoption only[ ]  AIDs infected or HIV positive[ ]  AODA[ ]  At least one parent stays home[ ]  Attachment[ ]  Autism[ ]  Behavioral difficulties at school[ ]  Bilingual capacity[ ]  Child-specific[ ]  Chronic school issues[ ]  Cognitive delays[ ]  Communicable diseases[ ]  Concurrent[ ]  Crisis respite[ ]  Cruelty to animals[ ]  Delinquency history[ ]  Depression[ ]  Developmental delays[ ]  Drug affected infants[ ]  Emergency placements | [ ]  Emotionally abused[ ]  Enuresis / Encopresis[ ]  Fire Setting[ ]  Food / eating issues[ ]  Gang involved[ ]  History of making false allegations[ ]  History of running away[ ]  Hyperactivity[ ]  Infants[ ]  Legal risk[ ]  LGBTQ[ ]  Limited life expectancy[ ]  Medically needy / fragile / complex[ ]  Mental health issues[ ]  Neglected[ ]  Personal care needs[ ]  Physically abused[ ]  Physically aggressive[ ]  Pregnant / parenting[ ]  Previous foster family contact post-adopt[ ]  Psychiatric hospitalization history | [ ]  Psychotic[ ]  Requires oxygen[ ]  Requires smoke/pet dander free home[ ]  Requires special diet[ ]  Ritually abused[ ]  Self-injurious[ ]  Severe respiratory problems[ ]  Sexual behaviors[ ]  Sexually abused[ ]  Sibling groups[ ]  Significant asthma or allergies[ ]  Significant hearing loss or is deaf[ ]  Significant impaired vision or blind[ ]  Sleeping issues[ ]  Suicidal / homicidal[ ]  Supervise family interaction[ ]  Teens[ ]  Transports long distance[ ]  Wheelchair accessibility[ ]  Witness to violence community or family[ ]  Works closely with birth parents |
| **Other Family Characteristics** |
| [ ]  Adventist[ ]  Advocate for child in treatment[ ]  Agnostic[ ]  Amish[ ]  Apnea trained[ ]  Apostolic Christian[ ]  Bad River[ ]  Baptist[ ]  Born Again[ ]  Buddhist[ ]  Can use American Sign Language[ ]  Catholic[ ]  Chippewa[ ]  Christian[ ]  Christian Reformed[ ]  CPR trained[ ]  Episcopal[ ]  Evangelical[ ]  Forest Co. Potawatomi[ ]  Ho Chunk | [ ]  Home wheelchair accessible[ ]  Jehovah Witness[ ]  Jewish[ ]  Lac Courte Oreilles[ ]  Lac du Flambeau[ ]  Lutheran[ ]  Mennonite[ ]  Menominee[ ]  Methodist[ ]  Mole Lake[ ]  Mormon[ ]  Muslim[ ]  Native American religion[ ]  Near emergency medical facility[ ]  Non-denominational[ ]  On bus route[ ]  Oneida[ ]  Other religion[ ]  Other Indian tribe member[ ]  Pentecostal | [ ]  Pet in home[ ]  Presbyterian[ ]  Protestant[ ]  Red Cliff[ ]  Smoker in home[ ]  Speaks other languages[ ]  St. Croix[ ]  Stockbridge-Munsee[ ]  Trained in medical procedures[ ]  Treatment foster home training[ ]  United Church of Christ[ ]  Unity religion[ ]  Unwilling to accept African American child[ ]  Unwilling to accept American Indian child[ ]  Unwilling to accept homosexual child / teen[ ]  Unwilling to accept Caucasian child[ ]  Unwilling to accept Hispanic child[ ]  Will go to therapy with child[ ]  Winnebago[ ]  Works well with biological parents |
| **J. SIGNATURES** |
| Additional Notes:      |
| Foster Care Licensing Professional Full Name      |
|  |  |  |
| SIGNATURE |  | Date Signed |