**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Like-Kin Subsidized Guardianship Request**

|  |  |  |  |
| --- | --- | --- | --- |
| Name – Child      | Birthdate – Child      | Child I.D. Number      | Like-Kin Request Date      |
| Name – Provider      | Provider I.D. Number      |
| Name – Provider      |
| Address – Provider (Street, Apt. Number, City, State, Zip Code)      |
| Case Name      | Case I.D. Number      |
| Name – Parent 1      | Person I.D. Number      |
| Name – Parent 2      | Person I.D. Number      |
| Name – Ongoing Case Manager      | Name – Agency      | Telephone Number      |
| Name – Licensing Specialist      | Name – Agency      | Telephone Number      |
| Name – Permanency Consultant      | Name – Agency      | Telephone Number      |
| Current and Concurrent Legal Per Plan on Record | Current:       | Concurrent:       |
| Status[ ]  Reunification ruled out [ ]  Adoption ruled out |
| Placement Start Date      | Relationship Predates Foster Care Placement[ ]  Yes [ ]  No |
| Describe the provider’s relationship to the child prior to the child’s removal from parents / legal guardian.      |
| Describe the provider’s relationship to the child’s family prior to the child’s removal from parents / legal guardian.      |
| Name – Worker Submitting Form      | Name – Supervisor      |
|  |
| **The following section is to be completed by the Division of Milwaukee Child Protective Services Program Evaluation Manager** |
| Name – PEM Reviewer      | Date Received      |
| Complete? [ ]  Yes [ ]  No If “No”, identify action taken. [ ]  Sent back for CLARIFYING information. [ ]  Sent back for MISSING information. |
| Reason for Action / Types of Information Missing. (If completed, check [ ]  N/A)      |
| Date Returned      | Complete? [ ]  Yes [ ]  No |
| Date Decision Entered      | [ ]  Denied [ ]  Approved |
| Decision Documentation      |

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