## Subsidized Guardianship Amendment Request

**Use of form:** This form is used to request an amendment to an existing subsidized guardianship agreement under s.48.623(3)(c)1. Wis. Stats. when the guardian(s) believe there has been a substantial change in the special care needs of the child. This form shall only be used for guardianships established prior to 8/1/2011. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Wisconsin Statutes, s. 48.623(3)(c)1., requires the Department to determine “…whether there has been a substantiated report of abuse or neglect of the child by the guardian or proposed guardian…” Disclosure of your social security number is voluntary and will be used for verification purposes only. Confirmation by an appropriate professional must be submitted with this form to support the characteristic(s) identified. Dates on documentation must be within six months of the signing of this form.

|  |
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| **SECTION A. CHILD / GUARDIAN INFORMATION** |
| **Child** |
| Full Name (Last, First, MI)      | Social Security Number      |
| Birthdate – Child (mm/dd/yyyy)      | Date of Guardianship (mm/dd/yyyy)      |
| **Guardian 1** |
| Full Name – List all Legal Names Since Placement of Child      |
| Address – Mailing (Street, City, State, Zip Code)      |
| Telephone Number – Daytime      | Birthdate (mm/dd/yyyy)      | Social Security Number      |
| County(s) of Residence Since Child Placement – Indicate Specific Years      |
| [ ]  Yes [ ]  No Are you aware of any substantiated child abuse or neglect reports involving you and the child?Comments:      |
| **Guardian 2** |
| Full Name – List all Legal Names Since Placement of Child      |
| Address – Mailing (Street, City, State, Zip Code)      |
| Telephone Number – Daytime      | Birthdate (mm/dd/yyyy)      | Social Security Number      |
| County(s) of Residence Since Child Placement – Indicate Specific Years      |
| [ ]  Yes [ ]  No Are you aware of any substantiated child abuse or neglect reports involving you and the child?Comments:      |
| **SECTION B.** **SPECIAL NEEDS / DIFFICULTY OF CARE LEVELS** |
| There are three categories of special needs and three levels of difficulty of care levels in each category. Check “Yes” or “No” if the behavior / feeling reflects that of the child. (Check “No” if behavior / feeling is age appropriate.) |
| **Emotional Care Needs** |
| [ ]  | **Not Applicable** – Child does not exhibit unusual emotional characteristics for a child this age. |
|  |  | **Minimal**Child must exhibit at least two characteristics which include or correspond in extent or degree with the following to be considered as having emotional care needs at the minimal level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Requires excessive attention from others |
|  | [ ]  | [ ]  | 2. Nervous |
|  | [ ]  | [ ]  | 3. High-strung |
|  | [ ]  | [ ]  | 4. Impulsive |
|  | [ ]  | [ ]  | 5. Displays temper tantrums |
|  | [ ]  | [ ]  | 6. Restless |
|  | [ ]  | [ ]  | 7. Hyperactive |
|  | [ ]  | [ ]  | 8. Has a short attention span |
|  | [ ]  | [ ]  | 9. Occasionally wets during the night |
|  | [ ]  | [ ]  | 10. Exhibits a low self-esteem |
|  | [ ]  | [ ]  | 11. Lacks confidence |
|  | [ ]  | [ ]  | 12. Periodically withdrawn and unresponsive |
|  | [ ]  | [ ]  | 13. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
|  |  |       |
|  |  | **Moderate**Child must exhibit at least two characteristics which include or correspond in extent or degree with the following to be considered as having emotional care needs at the moderate level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Frequently resistive |
|  | [ ]  | [ ]  | 2. Has difficulty communicating with others |
|  | [ ]  | [ ]  | 3. Does not do what is expected of them |
|  | [ ]  | [ ]  | 4. Responds to situations with apathy |
|  | [ ]  | [ ]  | 5. Demonstrates a lack of interest in things |
|  | [ ]  | [ ]  | 6. Has difficulty establishing relationships |
|  | [ ]  | [ ]  | 7. Displays cultural and social conflicts |
|  | [ ]  | [ ]  | 8. Frequently wets the bed at night or occasionally soils clothes |
|  | [ ]  | [ ]  | 9. Displays over-activity and over-excitedness requiring close supervision |
|  | [ ]  | [ ]  | 10. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
|  |  |       |
|  |  | **Intensive**Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having emotional care needs at the intensive level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Immature personality |
|  | [ ]  | [ ]  | 2. Wets or soils clothing during daytime hours, several times per week |
|  | [ ]  | [ ]  | 3. Severe hyperactivity to the point of frequent destructiveness or sleeplessness |
|  | [ ]  | [ ]  | 4. Frequently withdrawn, depressed, or anxious |
|  | [ ]  | [ ]  | 5. Chronically withdrawn / depressed / anxious |
|  | [ ]  | [ ]  | 6. Self-injurious |
|  | [ ]  | [ ]  | 7. Requires constant and intensive supervision |
|  | [ ]  | [ ]  | 8. Displays bizarre or severely disturbed behavior |
|  | [ ]  | [ ]  | 9. Has anorexia nervosa or other eating disorder |
|  | [ ]  | [ ]  | 10. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
|  |       |
| **Behavioral Care Needs** |
| [ ]  | **Not Applicable** – Child does not exhibit unusual behavioral characteristics for a child this age to be considered as having behavioral care needs at the minimal level. |
|  |  | **Minimal**Child must exhibit at least two characteristics which include or correspond in extent or degree with the following. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Runs away occasionally for short periods of time with intention of returning |
|  | [ ]  | [ ]  | 2. Occasionally skips classes or exhibits behavior affecting class achievement; requiring make-up and occasional contact with the school |
|  | [ ]  | [ ]  | 3. Occasionally seeks attention by sexually acting out or utilizing inappropriate language |
|  | [ ]  | [ ]  | 4. Occasionally experiments with alcohol and/or drugs |
|  | [ ]  | [ ]  | 5. Infrequent conflicts with caregivers or authority figures |
|  | [ ]  | [ ]  | 6. Occasional problems with stealing, petty theft, vandalism, and/or destroying property |
|  | [ ]  | [ ]  | 7. Occasional aggressive behavior toward people (e.g., biting, scratching, or throwing objects at another person) |
|  | [ ]  | [ ]  | 8. Exhibits other characteristics which correspond in extent or degree. If "Yes – Specify. |
|  |  |       |
|  |  | **Moderate**Child must exhibit at least two characteristics which include or correspond in extent or degree with the following to be considered as having behavioral care needs at the moderate level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Frequently runs away or disappears for longer periods of time requiring encouragement to return |
|  | [ ]  | [ ]  | 2. Frequently truant from school resulting in delayed academic performance  |
|  | [ ]  | [ ]  | 3. Exhibits sexual activity harmful to themselves and disruptive to their relationships with family and community members |
|  | [ ]  | [ ]  | 4. Occasionally involved in non-violent crimes that causes conflict with authority figures |
|  | [ ]  | [ ]  | 5. Exhibits frequent aggressive behavior toward people (e.g., biting, scratching, or throwing objects at another person) |
|  | [ ]  | [ ]  | 6. Exhibits frequent self-abusive behavior (e.g., head banding, eye poking, kicking, and biting)  |
|  | [ ]  | [ ]  | 7. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
|  |  |       |
|  |  | **Intensive**Child must exhibit one or more severe characteristics which include or correspond in extent or degree with the following to be considered as having behavioral care needs at the intensive level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Runs away for long periods of time and only returns only as a result of initiative of others |
|  | [ ]  | [ ]  | 2. Constantly creates a disturbance in the classroom or is consistently truant from school resulting in negative academic performance |
|  | [ ]  | [ ]  | 3. Exhibits sexual violence towards others  |
|  | [ ]  | [ ]  | 4. Consistently uses alcohol and/or drugs |
|  | [ ]  | [ ]  | 5. Exhibits uncontrollable social behavior resulting in delinquency status (e.g., property offenses; physical assault, arson or armed robbery) |
|  | [ ]  | [ ]  | 6. Exhibits daily aggressive behavior towards others (e.g., biting, scratching, throwing objects) |
|  | [ ]  | [ ]  | 7. Exhibits frequent self-abusive behavior (e.g., head banging, eye poking, kicking, biting) |
|  | [ ]  | [ ]  | 8. Exhibits other characteristics which correspond in extent or degree. If "Yes", – Specify. |
|  |       |
| **Physical and Personal Care Needs** |
| [ ]  | **Not Applicable** – Child does not exhibit unusual physical or personal characteristics for a child this age. |
|  |  | **Minimal**Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having physical and personal care needs at the minimal level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Needs some help putting on braces or prosthetic devices and help with buttons or laces, but is basically able to maintain their own personal care |
|  | [ ]  | [ ]  | 2. Has seizures or motor dysfunctions that are controlled by medication |
|  | [ ]  | [ ]  | 3. Requires therapy for gross or fine motor skills |
|  | [ ]  | [ ]  | 4. Requires special diet preparation |
|  | [ ]  | [ ]  | 5. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
|  |  |  |       |
|  |  | **Moderate**Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having needs at the moderate level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Requires help with dressing, bathing and general toilet needs |
|  | [ ]  | [ ]  | 2. Requires help of a person or a device to walk or get around  |
|  | [ ]  | [ ]  | 3. Needs assistance to care and maintain physical assistance devices  |
|  | [ ]  | [ ]  | 4. Has feeding concerns (e.g., excessive intake, extreme messiness, extremely slow eating that requires help or supervision)  |
|  | [ ]  | [ ]  | 5. Requires tube or gavage feeding |
|  | [ ]  | [ ]  | 6. Requires frequent special care to prevent or remedy serious skin conditions |
|  | [ ]  | [ ]  | 7. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify.  |
|  |  |       |
|  |  | **Intensive**Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having needs at the intensive level. |
|  | Yes | No |  |
|  | [ ]  | [ ]  | 1. Non-ambulatory |
|  | [ ]  | [ ]  | 2. Exhibits uncontrollable seizures |
|  | [ ]  | [ ]  | 3. Need appliances for drainage, colostomy, aspiration, and/or suctioning |
|  | [ ]  | [ ]  | 4. Impaired vision, speech, or hearing functions requires caregiver training |
|  | [ ]  | [ ]  | 5. Requires home administration of daily prescribed exercise routines to improve or maintain gross or fine motor skills |
|  | [ ]  | [ ]  | 6. Requires prevention procedures (e.g., daily irrigation) |
|  | [ ]  | [ ]  | 7. Requires excessive cleaning and laundry to maintain hygiene |
|  | [ ]  | [ ]  | 8. Orthotics care at this level demands excessive amount of time, care, and responsibility |
|  | [ ]  | [ ]  | 9. Requires intensive prescribed physical therapy up to 2-3 hours per day |
|  | [ ]  | [ ]  | 10. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
|  |       |
| Describe child's daily care requirements which differ from the usual care needs for a child of the same age. Attach additional page if necessary.      |
| Describe child’s current level of care. Attach school, medical, psychological, or other evaluations that document the child’s current special care needs.      |
| **SECTION C. AUTHORIZATION** |
| I declare that all information provided on this form is accurate to the best of my knowledge and reflects the special needs of the child listed on page 1. |
|  |  |       |
| **SIGNATURE** – Guardian |  | Date Signed |
|  |  |       |
| **SIGNATURE** – Guardian |  | Date Signed |
| Questions regarding completion of this form should be directed to      . |
| Return completed form to:       |