**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Request for Approval of Foster Care Maintenance Rate Over $2,000 per Month**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **This section is to be completed by the child placement agency (CPA).** |
| Name – Child Placement Agency      |
| Address – Child Placement Agency      |
| Name – Child Placement Agency Contact      | Telephone Number – Child Placement Agency Contact      |
| [ ]  New request [ ]  Continuation / renewal of current rate |
| Name – Child      | Birthdate – Child      | eWiSACWIS Number      |
| **Foster Home Information** |
| Name – Provider      |
| Address – Provider (Street, City, Zip Code)      |
| **Adjusted Rate Information** |
| Date – Requested Rate Increase Starts      | Current Monthly Maintenance Rate$      | Requested Monthly Maintenance Rate$      |
| Justification for rate increase. **(Include itemization of additional monthly expenses. Attach separate sheet if necessary.)**      |
| **SIGNATURE** – Authorized CPA | Date Signed |
| **This section is to be completed by the Ongoing Case Management (lead) Agency.** |
| Recommended Monthly Maintenance Rate$      | Recommended Effective Date      |
| Any additional justification      |
| Recommended by: | **SIGNATURE** – Program Manager | Date Signed |
|  | **Print Name** – Program Manager | Name – Agency |
| **This section is to be completed by Division of Milwaukee Child Protective Services Fiscal PEM** |
| Date – Request Received      | Date – Rate Increase Approved      | Date – Ongoing Agency Notified      | **PEM Initials** |
| **NOTE TO LEAD AGENCY:** **The rate should be changed in eWiSACWIS *only* when you receive notice that the maintenance rate increase has been approved by the Division of Milwaukee Child Protective Services.** |