**WISCONSIN DEPARTMENT OF CHILDRN AND FAMILIES**

Division of Safety and Permanence

Voluntary Kinship Care Parental Consent

**Use of this form:** Completion of the form is voluntary, however, the information must be provided pursuant to s.48.57(3n)(am)6., Wis. Stats. Personal information you provide may be used for secondary purposes (s.15.04(1)(m), Wisconsin Statutes).The form must be submitted to the Kinship Care agency.

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| --- | --- | --- | --- |
| First Name - Child      | Last Name-Child      | Name of Kinship Care Applicant      | Name - Child’s Parent      |

This is to confirm that I, \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent of \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and acknowledge that my child is currently residing in the relative home of \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent of \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I understand that I am legally and financially responsible for my child; however, at this time I believe that the current living arrangement is in my child’s best interest.

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|  |  |       |  |
| Parent Signature |  | Date Signed  |  |

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|  |  |       |  |
| Relative Signature  |  | Date Signed  |  |