**Adoption Home File and Supply Request**

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| **Reason for Request** |
| [ ]  Boxes (Section 3) |
| [ ]  Adoption Home File(s) (Section 4) |

**Use of form:** This form will be completed by the public adoption agencies for the purpose of requesting closed adoption home files and receiving additional boxes from the State Records Center. These files will be requested from the Records Center according to the Records Retentions / Disposition Authorization (RDA 685C). Labels can be requested using form DCF-F-2844 (Closed Adoption Home Files Listing). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions: THIS FORM MUST BE COMPLETED ONLINE ONLY**. Check the intended purpose of the request at the top of this form. Complete the necessary sections for the request. Email the completed form to: DCFAdoptiveHomeFiles@wisconsin.gov.

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

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| **Section 1: Agency Contact Information** |
| Agency Name      |
| Agency Contact Person Full Name      | Agency Contact Person Telephone Number      |
| Agency Address      |
| Agency Contact Person Email Address      |
| **Section 2: Shipping Information** |
| Is the shipping information the same as above?[ ]  Yes (leave section blank)[ ]  No (enter information below) |
| Agency Name      |
| Agency Contact Person Full Name      | Agency Contact Person Telephone Number      |
| Agency Address      |
| Agency Contact Person Email Address      |
| **Section 3: Request for Boxes Information** |
| Number of boxes needed:      |
| **Section 4: Request for Adoption Home File Information** |
| **CASE #1** |
| Parent 1 Full Name (First MI Last)      |
| Parent 2 Full Name (First MI Last)      |
| eWiSACWIS Provider Number      | Most Recent Case Closure Date      |
| **CASE #2** |
| Parent 1 Full Name (First MI Last)      |
| Parent 2 Full Name (First MI Last)      |
| eWiSACWIS Provider Number      | Most Recent Case Closure Date      |
| **CASE #3** |
| Parent 1 Full Name (First MI Last)      |
| Parent 2 Full Name (First MI Last)      |
| eWiSACWIS Provider Number      | Most Recent Case Closure Date      |
| **CASE #4** |
| Parent 1 Full Name (First MI Last)      |
| Parent 2 Full Name (First MI Last)      |
| eWiSACWIS Provider Number      | Most Recent Case Closure Date      |
| **CASE #5** |
| Parent 1 Full Name (First MI Last)      |
| Parent 2 Full Name (First MI Last)      |
| eWiSACWIS Provider Number      | Most Recent Case Closure Date      |