

Child's Name: Chelsea Chickfila Referral Status: Active Date Received: 04/27/2005  N/A- Relinquishment Case

General Birth Parents Background Placement Child Summary Matches

**General Appearance**

Gender: Female

DOB: 01/02/2000

Ethnicity: Cuban

**Family History Questionnaire (Medical/Genetic) on File**

Birth Mother  Pregnancy and Delivery Information

Birth Father  N/A Child Being TPR'd from Adoptive Parent(s)

**Adoption Information**

Life Book Available Adoption Type: Agency Adoption Plcmnt w/Non Relative Mother's TPR Date: 04/25/2005

Birth Certificate in File Legal Risk: None Father's TPR Date: 04/15/2005

Social Security Card in File **This Child Placed By:** Private Agency/Under Contract w/DHFS

**Sibling Information at Time of Referral**

Child has Siblings

Name of Sibling	Currently Placed With	Sibling Type

**Insert**

Options:  **Go**

**Save Close**



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General    **Birth Parents**    Background    Placement    Child Summary    Matches

### Birth Mother

Birthdate: 01/01/1970  
Age at Child's Birth: 30  
 Mother is Deceased  
**Mother Married at Child's Birth:**

Social/Mental/Physical Conditions:

**Add/Edit**

### Birth Father

Birthdate: 04/01/1970  
Age at Child's Birth: 29  
 Father is Deceased  
Father Married at Child's Birth:

Social/Mental/Physical Conditions:

**Add/Edit**

**Save**

**Close**

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General

Birth Parents

**Background**

Placement

Child Summary

Matches

**Physical**



**Minimal**

Yes  No

1. Needs some help putting on braces or prosthetic devices and help with buttons or laces, but is basically self-caring and able to maintain own physical assisting devices

Yes  No

2. Seizures, motor dysfunctions, controlled by medication

Yes  No

3. Requires therapy for gross or fine motor skills

Yes  No

4. Requires special diet preparation/supervision

Yes  No

5. Child exhibits other characteristics which correspond in extent or degree - specify:

Other Physical Minimal



**Moderate**



**Intensive**

**Results**

Effective Date: 04/22/2005

Emotional Points: 12

Behavioral Points: 12

Physical Points: 12

Total Points: 36

Exceptional Payment Justification

This is exceptional payment justification #2

Save

Close

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General

Birth Parents

Background

Placement

**Child Summary**

Matches



Disposition

**Additional Information**

- Child Has Been Previously Adopted
- Adoption Placement Selection/Matching Completed

**Adoption Exchange**

- Listing with Photo
- Listing without Photo
- Deferral of Listing
- Child is listed with an Exchange

Exchange:

Reason(s) for Deferral

- Placed for Adoption
- Family Adopting Child
- Assessment Required
- Hospital or Residential Care
- Over Age 14 Deferred

Save

Close

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General    Birth Parents    Background    Placement    Child Summary    **Matches**

**Primary Worker**

Name: Corn, Conn      Phone: (608)555-9999    Ext:

**Recruitment**

	Provider Name Phone Number	Date AFA Received	Worker Name Phone Number	Status	Reservation Expiration	Reservation Acceptance	
<input checked="" type="radio"/>	Patricia Provider (608)845-6654	<input type="text" value="00/00/0000"/>	Fox, Frank (608)555-9999	Pending		<input type="text"/>	<a href="#">Reserve</a> <a href="#">Delete</a>
<input type="radio"/>	Nancy Gaston (605)555-1258	<input type="text" value="00/00/0000"/>	Cake, Caitlin (123)456-7890	Pending		<input type="text"/>	<a href="#">Reserve</a> <a href="#">Delete</a>
<input type="radio"/>	French Toast (608)933-9293	<input type="text" value="00/00/0000"/>	Dingo, Danny	Pending		<input type="text"/>	<a href="#">Reserve</a> <a href="#">Delete</a>

**Insert**

**Save**

**Close**

For: Chelsea Chickfila

Case: 9221296

Checklist Complete?

Item:	Date Due:	Date Completed:	Updated By:
<input type="checkbox"/> Complete the Concurrent Planning Referral/Intake Form (in eWiSACWIS)			
<input type="checkbox"/> Copy of the signed Foster Home License (if applicable)			
<input type="checkbox"/> Initial foster home study, subsequent re-licensing summaries or Kinship Study			
<input type="checkbox"/> Most recent FC Rate Setting Form including exceptional rate memos if applicable			
<input type="checkbox"/> Initial intake assessment on the family (pertaining to initial placement)			
<input type="checkbox"/> The last signed and dated judicial review order of the Permanency Plan			
<input type="checkbox"/> Most current Permanency Plan			
<input type="checkbox"/> All Court Reports including disposition, extension, and TPR created for case			
<input type="checkbox"/> Birth Mother Genetic info (CFS149 Fm Med/Gen, CFS 149A Pregnancy Questionnaire)			
<input type="checkbox"/> Birth Father Genetic info.(CFS 149 Family Med/Gen Questionnaire)			
<input type="checkbox"/> Foster Parent Informational Sharing Sheet (or equivalent), if available			
<input type="checkbox"/> School progress reports, IEPs or evals include all programs (i.e. Head Start)			

**Save** **Close**



For: Chelsea Chickfila

Case: 9221296

 Checklist Complete?

Item:	Date Due:	Date Completed:	Updated By:
<input type="checkbox"/> Send letter of intent to return custody of child to county of TPR			
<input type="checkbox"/> Include All Permanency Plans since TPR			
<input type="checkbox"/> Include Court orders and Judicial reviews since TPR			
<input type="checkbox"/> Include Reports, if any, from all previous placements since TPR			
<input type="checkbox"/> Include Psychological, psychiatric and medical reports since TPR			
<input type="checkbox"/> Include IEP evaluations and updates since TPR			
<input type="checkbox"/> Include Other appropriate notes not entered into the eWISACWIS system			
<input type="checkbox"/> File Petition for Transfer of Legal Custody			
<input type="checkbox"/> File Return of Legal Custody to County Order			
<input type="checkbox"/> File Return of Legal Custody to County Court Letter			
<input type="checkbox"/> Complete in eWISACWIS Legal Status changes			
<input type="checkbox"/> Primary case assignment returns to the county for case management			
<input type="checkbox"/> Guardianship remains with the state			


Save

Close


 [Mooretest, Jennifer \( 9221169 \)](#) [Actions](#)


CPS Family 09/09/2004 Fox, Frank Wood - WisconsinRapids 17 Catnap Court , Wisconsin Rapids, WI 54494 FSL: Moderate

 Administration


 Adoption


 [Adoption Referral 01/31/2005 Mooretest Maddie](#)

 Mooretest, Tessa (9221603)

 Mooretest III, Evie (9221851)

 Mooretest, Tinka (9221713)

 Assessment

 Assignment