








KINSHIP CARE DENIAL OF PAYMENT AND APPEAL RIGHTS


Name – Provider	Provider Number	Date
Name – Child	Name – Case	Case Number


Your application for a payment under the Kinship Care Program has been denied, or the above child case is being closed for the following reasons:

- 1. There is no evident need for the living arrangement (that is, the child could reside with his or her parent(s) and the child's needs could be adequately met). [s.48.57(3m)(am)1.]
-  2. The living arrangement is not in the best interest of the child. This means that there is no court order placing the child in your home or the parent(s) of the child are not in agreement with this living arrangement. [s.48.57(3m)(am)1.]
-  3. The child does not now meet any of the criteria as a child or juvenile in need of protection or services and it is not likely that he or she will meet those criteria in the future. [s.48.57(3m)(am)2.]
- 4. You have not cooperated with this agency in the application process. The rationale for this determination is the following:
-  5. The child is currently receiving a SSI benefit (on his or her own behalf). [s.48.57(3m)(am)6.]
-  6. The criminal background requirements have not been satisfactorily met. Specifically, you, _____, another adult resident of your home, _____, or a person employed by you, _____, who would have regular contact with the child have a:
 - Felony conviction under Ch.961
 - Conviction under Chs.940, 944, or 948
 - Penalty enhancement against you
 - Conviction of another crime which would adversely affect the child or your ability to care for the child
-  7. You have not signed a statement indicating that neither you, another adult living in the household nor any individual in your employ who would have regular contact with the child has had arrests or convictions that could adversely affect the child or your ability to care for the child.
- 8. Failure to notify the Department when a child no longer resides in your home.
- 9. _____r:









Appeals Process

Follow the directions below to appeal this decision:

1. If the denial is based on Numbers 1 – 5, or 8 from above (i.e., not related to a criminal background check), you must submit a written request for a hearing to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707.
2. If the denial is based on Numbers 6 – 7 from above (i.e., related to a criminal background check), you must submit a written request for a review of the decision to the Director of the County Department of Human / Social Services. If you were denied by the Bureau of Milwaukee Child Welfare, you must submit a written request for a review of the decision to the Director of the Bureau of Milwaukee Child Welfare. Provide a written explanation of why the criminal background should not prohibit you from receiving Kinship Care payments.
3. If the denial is based on reasons in both Numbers 1 – 5 and Numbers 6 – 8, you must request both a hearing and a review. You must request the hearing or review in writing within 45 days from the date indicated at the top of this page. If the request for the hearing or review is made within 10 days from the date indicated at the top of this page, any current payment will not be discontinued. If the request is not made within 10 days from the date indicated at the top of this page, any current payment may be discontinued. Any request for an appeal submitted after 45 days will be denied.

