

CONCURRENT PLANNING REFERRAL

Use of form: County social worker uses this form to refer a child in county foster care / Kinship care to the Department of Health and Family Services (DHFS) Special Needs Adoption Unit for purposes of permanency planning. Tribal / private agency social worker uses this form for referral of children to DHFS for special needs determinations.

Instructions: County social worker fills out the form on WiSACWIS. The worker submits the additional referral materials listed on the Referral Information checklist to the State Permanency Consultant assigned to the county. Tribal / private agency social worker completes the form by using the template provided on DHFS Internet site. It should be submitted along with supporting materials to the Regional Supervisor at the regional office listed at the end of the form.

Date Referred for Special Needs Determination

CHILD INFORMATION

Name (Last, First, MI)	Birthdate	eWiSACWIS Case Number
Birth Place (City, State, Country)	Mother wed at time of child's birth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine	
Gender	Primary Race	Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No

Yes No Is the child a member of an American Indian Tribe or Band?
 Yes No Is the child eligible for membership in an American Indian Tribe or Band?
 Yes No Is the child a biological child of a member of an American Indian Tribe or Band?
 Name of Tribe or Band

Reason Child Entered Care
 Physical abuse Sexual abuse Neglect Other

Reason for special needs status request as defined in HFS 50.03 - (Check all that apply)

Ten to eighteen years of age;
 Exhibiting moderate or severe emotional, behavioral or physical / personality characteristics according to the Foster Care Rate Setting form;
 Member of a sibling group of three or more **who must be placed together**;
 Member of a minority race **who cannot be readily placed** due to a lack of appropriate placement resources; or
 At risk of developing special care needs as defined in HFS 50.01(4)(j).
 Explain the special needs characteristics of child.

Parents and Other Relatives

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
4. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
5. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
6. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child

Foster Care Monthly Rate	Basic:	\$					
\$	Emotional:		<input type="checkbox"/> N/A	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Intensive	\$
	Behavioral:		<input type="checkbox"/> N/A	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Intensive	\$
	Physical / Personal Care:		<input type="checkbox"/> N/A	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Intensive	\$
	Exceptional:	\$					

Eligibility Status (Check one below)

Eligible and reimbursable

Eligible, not reimbursable

Ineligible

Pending

Yes No Child applied for or receiving SSI

COUNTY INFORMATION

Name - County	Name - County Social Worker	St, First, MI	Telephone Number
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Name - Judge (Last, First, MI)	Telephone Number
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Address - Judge (Street, City, State, Zip Code)

Name - Guardian ad litem (Last, First, MI)	Telephone Number
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Address - Guardian ad litem (Street, City, State, Zip Code)

Name - Corporation Counsel or District Attorney (Last, First, MI)	Telephone Number
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Address - Corporation Counsel or District Attorney (Street, City, State, Zip Code)

Type of Termination of Parental Rights - Mother	Type of Termination of Parental Rights - Father
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Unknown at this time	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Unknown at this time

Reason for Termination of Parental Rights

Steps of Court Process

Date of last Permanency Plan Review in Court

BIRTH PARENT INFORMATION

Birth Mother		Birth Father	
<input type="checkbox"/> Is deceased	Age at Death	<input type="checkbox"/> Is deceased	Age at Death

Cause of death, if known	Cause of death, if known
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Name (Last, First, MI)	Name (Last, First, MI)
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Address (Street, City, State, Zip Code)	Address (Street, City, State, Zip Code)
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Birthdate	Birthplace (City, State)	Birthdate	Birthplace (City, State)
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Religion	Religion
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Status	<input type="checkbox"/> Adjudicated <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive <input type="checkbox"/> Adoptive <input type="checkbox"/> Unknown
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Ethnicity Race	Hispanic / Latino	Ethnicity Race	Hispanic / Latino
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status	Marital Status
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Name - Spouse (Last, First, MI)	Name - Spouse (Last, First, MI)
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Occupation	Occupation
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Highest Education Level Completed	Highest Education Level Completed
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Concurrent Planning Referral

CURRENT PLACEMENT INFORMATION

Child is currently living with:

- Relative Foster family Guardian Treatment foster care
 Kinship payment Foster care Foster care licensed Other - Specify:

If other selected, please specify.

Yes No Have all identified relatives been considered for this placement?

Parent 1

Parent 2

Name (Last, First, MI)		Name (Last, First, MI)	
Birthdate	Telephone Number - Home	Birthdate	Telephone Number - Home
Telephone Number - Cellular	Telephone Number - Work	Telephone Number - Cellular	Telephone Number - Work
Primary Race <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Race <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married	
Name - Spouse (Last, First, MI)		Name - Spouse (Last, First, MI)	
Address - Provider (Street, City, State, Zip Code)		Address - Provider (Street, City, State, Zip Code)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Foster parent(s) / relative(s) interested in adopting the child? <input type="checkbox"/> Yes <input type="checkbox"/> No Foster parent(s) / relative(s) committed to adopting the child? <input type="checkbox"/> Yes <input type="checkbox"/> No Other adoptive relatives? If "Yes" explain below.			
Licensing Agency		eWiSACWIS Provider Number	
Foster Home License Expires			
Initial Out-of-Home Placement	Date - Current Home Placement	Placement Meets Licensing Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Placement issues, if any: (Indicate issues regarding any CPS allegations, health issues, family composition, employment, family challenges, etc.)			

ADDITIONAL PLACEMENTS

Placement Type	Name - Caregiver
Address (Street, City, State, Zip Code)	Dates - Placement From: To:
Completed By	Phone Number Date (mm/dd/yyyy)

Tribal / private agency social workers should return completed form to the appropriate regional office listed below.

<input checked="" type="checkbox"/> Eastern Regional Office 200 North Jefferson, Suite 411 Green Bay, WI 54301 Telephone Number: (920) 448-5348 (920) 448-5306	<input type="checkbox"/> Western Regional Office 610 Gibson Street, Suite 2 Eau Claire, WI 54701-3687 Telephone Number: (715) 836-3399 FAX: (715) 836-2516	<input type="checkbox"/> Southern Regional Office 1 West Wilson Street P.O. Box 8916 Madison, WI 53708 Telephone Number: (608) 264-6838 FAX: (608) 264-6750
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