

Relative Caregiver Licensing Decision

Use of form: Completion of this form is voluntary; however, its completion complies with the information to be provided to the court as required in s. 48.57(3m)(ap)(3), 48.57(3n)(ap)(3), Wisconsin Statutes or Ch. DCF 58.066 Admin. Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

I. Child Information

Date Form Completed	Name – Agency		
Name – Child (Last, First, MI)	Birthdate – Child	Court Case Number	
eWiSACWIS Case Number			

II. Relative Caregiver Information

eWiSACWIS Provider Number	
Name – Relative Caregiver 1 (Last, First, MI)	
Name – Relative Caregiver 2 (Last, First, MI)	
Address – (Street, City, State, Zip Code)	

III. Licensing Decision

Choose one below.

Denied
 Deemed unlicensable
 Refusal of foster care licensure (only applicable to providers approved for Kinship Care prior to 1/1/2010)

Explanation of licensing decision:

IV. Background Information as Specified in s.48.57(3m) and 48.57(3n), Wisconsin Statutes

V. The county department or department's assessment of the safety of the Kinship Care relative's or long-term Kinship Care relative's home and the ability of the Kinship Care or long-term Kinship Care relative to care for the child.

VI. Agency Making the Licensing Determination

Name – Agency		
Address – Agency		
Name – Licensing Worker	SIGNATURE – Licensing Worker	Date Signed
Name – Licensing Worker	SIGNATURE – Licensing Worker	Date Signed

VII. Recommendation of the county department or department as to the continued placement of the child in the home of the Kinship Care relative or long-term Kinship Care relative.

Name – Caseworker	SIGNATURE – Caseworker	Date Signed
Name – Supervisor	SIGNATURE – Supervisor	Date Signed