### Foster Parent Insurance Program Damage Claim Checklist

**Use of form:** Completion of this form is required before a claim for foster parent insurance can be made to the department. This form outlines what shall be included in a foster parent insurance claim under Wis. Stats. s.48.627 to be deemed complete. The licensing agency is responsible for assisting the foster parent in filling out the forms and guiding the family in obtaining proper documentation. **If the claim submitted to the Department of Children and Families is incomplete, the reimbursement processing time will be increased.**

**Instructions:** Complete and return the complete claim to: Foster Parent Insurance Program

Department of Children and Families

201 W. Washington Ave.

P.O. Box 8916

Madison, WI 53703

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| --- | --- | --- | --- |
| Name – Foster Parent | | | |
| LICENSING AGENCY VERIFIED | | | | |
| Yes | | No | Claim filed within 90 days after the foster parent learns about the damage or loss or learns that a legal action has been commenced against them. | |
| Yes | | No | Claim of Loss or Damage form (DCF-F-CFS0116-E) completed by the foster parent. | |
| Yes | | No | Copy of letter from the foster parent’s insurance company that states the damage or loss is not covered by the foster parent’s insurance policy or a copy of letter from the foster parent’s insurance company that states the foster parent’s insurance policy will cover all or part of the damage or loss and the amount of the policy deductible. If the foster parent has been granted an insurance waiver, documentation of that waiver is included. | |
| Yes | | No | Copies of original receipts and/or official estimates of the damage or loss repaired and/or replaced. Photographs of damages are also helpful. | |
| Yes | | No | IRS W-9 is filled out and signed by one foster parent. Note: This information is used to establish the payees in the department's vendor system and is not reported to IRS for the claims. | |
| Yes | | No | Verification of Claim form (DCF-F-CFS0117-E) completed by the licensing agency. Note: The licensing agency must sign and submit claims to the department as soon as possible after receipt from the foster family. | |
| Review Procedure and Guidelines | | | | |
|  | Dollar amount the foster parent provides on the Claim of Loss or Damage form (DCF-F-CFS0116-E) shall match the amount on the receipts and/or estimates submitted and that the licensing agency provides on the Verification of Claim form (DCF-F-CFS0117-E) or a notation shall be made. | | | |
|  | Damage to the property of a person who is not the foster parent or a member of the foster parent's family constitutes a 3rd party claim and is not covered by this program unless and until the 3rd party successfully sues the foster parent and the foster parent is found to have been negligent. | | | |
|  | The department will only reimburse loss or damage and cannot reimburse for an entire set of items if not all items are lost or damaged. | | | |
|  | Claims are reviewed quarterly the following months: September, December, March, and June. Please allow 6-8 weeks for a reimbursement check to be mailed directly to the foster parent. | | | |
|  | If claims for a quarter exceed 25% of the total program allocation, all claims for that quarter will be prorated.If funds are available at the end of the fiscal year (other quarters within the fiscal year did not exceed $15,000), prorated claims in the state fiscal year will be additionally funded at a prorated level to the extent that funds are available. | | | |