**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

**Placement Verification Request**

**WHY AM I RECEIVING THIS?** The State of Wisconsin, Department of Children and Families, or       needs you to verify the information requested on this form.

*Wisconsin Statutes s.49.001(9) and s. 49.143(5)(a) authorize the department and the local agency to request this information from any person that it determines appropriate and necessary for the administration of Wisconsin works.*

*This information will only be used for the administration of the program.*

**WHAT DO I NEED TO DO?** Complete and return this form within seven days of receipt.

**WHO DO I RETURN THE FORM TO?** Return the completed form by fax, email or mail.

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| --- | --- |
|  EMAIL – Scan and email to:       | MAIL to – Name:       |
|  |  |  |
|  FAX – Fax to:       | Department / County:       |
|  ATTENTION:       | Address:        |
|  | City, State, Zip Code:       |

If you have questions, contact       at      .

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| **IDENTIFYING INFORMATION** |
|  |
| Name – School: |       |
| Address – School: |       |
| Name – Child: |       |
| Birthdate – Child: |       |
|  |
|  |
| **SCHOOL REQUESTED INFORMATION** |
|  |
| Enrollment dates: From:       To:       |
|  |
| Name(s) – Current custodial parent(s) for the child(ren) listed above: |       |
|  **OR** |
| According to school records, what parent(s) or responsible adult(s) does the child live with? |  |
|  |
| Is the child(ren) living in a shared placement situation? [ ]  Yes [ ]  No |
|  |
| Date the current placement began:       |
|  |
|  |
| **PERSON COMPLETING FORM** |
| Name:       | Title:       |
| Telephone Number:       | Email:       |
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|  |  |  |  |
| **SIGNATURE** – Person Completing Form |  | Date Signed |  |