**Seneca Search Request**

**Use of Form:** Counties use this form to make a referral for a Seneca Search Request. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Please be as complete as possible.

|  |
| --- |
| **PARENT(S)** |
| Parent 1 Full Name (First, Middle Initial, Last)      | WiSACWIS Number      |
| Birthdate (or approximate age if DOB is unknown)      | Social Security Number      |
| All Permanent Addresses      |
| Other Full Names Used      |
| Parent 2 Full Name (First, Middle Initial, Last)      | WiSACWIS Number      |
| Birthdate (or approximate age if DOB is unknown)      | Social Security Number      |
| All Permanent Addresses      |
| Other Full Names Used      |
| **CHILD(REN)** |
| Children Full Name (First, Middle Initial, Last) | eWiSACWIS Number | Birthdate | Social Security Number |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **REQUESTOR CONTACT INFORMATION** |
| Full Name      | Telephone      |
| Email Address      |
| County Agency      | **Send to: DCFSeneca@wisconsin.gov** |