**Adoption Home Information for eWiSACWIS**

**Use of form:** This form is required to be completed when proposed adoptive parent(s) has/have been determined eligible for adoption assistance by the Wisconsin Department of Children and Families (DCF). It must be completed by the child placing agency that licensed the adoptive parent(s). The purpose of this form is to provide provider/licensing information to be entered in the Wisconsin Automated Child Welfare Information System (eWiSACWIS). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Provision of a social security number (SSN) is voluntary; not providing it could result in an information processing delay.

**Instructions:** The adoption professional will complete this form and submit all licensing documents to DCF CPA Licensing Requests. This may include:

* Foster home license
* SAFE Home Study
* DCF Exception Panel Application (DCF-F-CFS0847), if applicable
* Background checks (for individuals listed on license)
  + DOJ check
  + FBI – fingerprint
  + Caregiver background check
  + Sex offender registry (SOR) – name
  + Sex offender registry (SOR) – address
  + Background Information Disclosure (BID)
  + Child abuse and neglect (CAN)
  + Local law enforcement records
  + Out-of-state background checks, if applicable
  + DD214, if applicable

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| **TO:** | DCF CPA Licensing Requests  210 W. Washington Ave. 5th floor  Madison, WI 53703  [DCFCPALicensingRequests@Wisconsin.gov](mailto:DCFCPALicensingRequests@Wisconsin.gov) | | | | | **FROM:** | |  | | | | |
| 1. **Adoptive Home License** | | | | | | | | | | | | |
| License Type  Initial  Renewal | | | | Certification Level  1  2  3  4  5 | | | | | | License Effective Dates (mm/dd/yyyy)  From       To | | |
| **B. Adoptive Parent(s) Information** | | | | | | | | | | | | |
| **Adoptive Parent 1** – Full Name (Last, First Middle) | | | | | | | | | | | | |
|  | | Adoptive Parent 1 is a relative of the child. If checked, identify the relationship. | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | |
| Email Address | | | | | | | | | | Telephone Number | | |
| Birthdate (mm/dd/yyyy) | | | | Social Security Number (xxx-xx-xxxx) | | | | | | Marital Status | | |
| Race(s) | | | | | Ethnicity | | | | | | Hispanic Origin  Yes  No | |
| **Adoptive Parent 2** – Full Name (Last, First Middle) | | | | | | | | | | | | |
|  | | Adoptive Parent 1 is a relative of the child. If checked, identify the relationship. | | | | | | | | | | |
| Address (Street, City, State, Zip Code)  Same as Adoptive Parent 1 | | | | | | | | | | | | |
| Email Address | | | | | | | | | | Telephone Number | | |
| Birthdate (mm/dd/yyyy) | | | | Social Security Number (xxx-xx-xxxx) | | | | | | Marital Status | | |
| Race(s) | | | | Ethnicity | | | | | | Hispanic Origin  Yes  No | | |
| **C. Other Adult (Age 18+) Household Member(s) Information (**attach additional pages if needed) | | | | | | | | | | | | |
| **Other Household Member 1** – Full Name (Last, First Middle) | | | | | | | | | | Birthdate (mm/dd/yyyy) | | |
| Relationship to adoptive parent(s) (e.g., adult child, sibling, friend) | | | | | | | | | | Telephone Number | | |
| Marital Status | | | Race(s) | | | | | | | Hispanic Origin  Yes  No | | |
| **Other Household Member 2** – Full Name (Last, First Middle) | | | | | | | | | | Birthdate (mm/dd/yyyy) | | |
| Relationship to adoptive parent(s) (e.g., adult child, sibling, friend) | | | | | | | | | | Telephone Number | | |
| Marital Status | | | Race(s) | | | | | | | Hispanic Origin  Yes  No | | |
| **D. Adoptive Home Information** | | | | | | | | | | | | |
| County Where Adoptive Home is Located | | | | | | | | | | | | |
| School District Name Where Adoptive Home is Located | | | | | | | | | | | | |
| **E. License Application Information** | | | | | | | | | | | | |
| Date application provided to adoptive family (mm/dd/yyyy) | | | | | | Date completed application received (mm/dd/yyyy) | | | | | | |
| Date SAFE home study report completed (mm/dd/yyyy) | | | | | | Date of decision (mm/dd/yyyy) | | | | | | |
| **F. License Exceptions / Waivers** | | | | | | | | | | | | |
| Yes  No Was an exception/waiver granted? | | | | | | | | | | | | |
| If “Yes”, was the exception/waiver granted by the licensing agency or Department of Children and Families (DCF)?  Licensing Agency  DCF | | | | | | | | | | | | |
| Licensing Code Citation(s) | | | | | | | Start Date (mm/dd/yyyy) | | | | | End Date (mm/dd/yyyy) |
| Narrative | | | | | | | | | | | | |
| Licensing Agency/DCF Decision  Approve  Approve Licensing Agency Alternative  Denied Request  Approved Application with Specified Changes | | | | | | | | | | Licensing Agency/DCF Decision Date (mm/dd/yyyy) | | |
| **H. Licensing Agency Contact** | | | | | | | | | | | | |
| Adoption Professional Full Name (Last, First Middle) | | | | | | | | | Adoption Professional Telephone Number | | | |
| Adoption Professional Email Address | | | | | | | | | | | | |