

**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence  
Bureau of Milwaukee Child Welfare

**KINSHIP CARE CARETAKER APPLICATION**

**Use of form:** Use of this form by Kinship Care applicants is mandatory under Wisconsin Statutes 48.57(3m)(a)1., and constitutes one portion of a completed application for a new assessment or reassessment of Kinship Care eligibility. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes. Failure of applicants to comply shall result in a denial of Kinship Care benefits.

**Instructions:** The applicant completes the Kinship Care application and submits the completed form to the department or its designee along with any other materials necessary for eligibility determination of Kinship Care payments.

**Reassessment**     **New**

**I. CARETAKER INFORMATION**

Name – Applicant (Last, First, MI)		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)		Social Security Number	
Telephone Number – Home (     )	Ethnic / Racial Group (check all that apply)		Origin
Telephone Number – Work (     )	<input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic (Mexican, Puerto Rican or Other Spanish Culture) <input type="checkbox"/> White		<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> White

What is your relationship to the child on:

Mother's side \_\_\_\_\_ **OR**  Father's side \_\_\_\_\_

Yes  No Is the child's father adjudicated? If "Yes", what is the paternity number? \_\_\_\_\_

Yes  No Are you the child's legal guardian? If "Yes", date of guardianship order: \_\_\_\_\_

guardianship order number: \_\_\_\_\_ State: \_\_\_\_\_

**II. CHILD INFORMATION**

Name – Child (Last, First, MI)		Birthdate (mm/dd/yyyy)	Age	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic / Racial Group (check all that apply)		Origin	
	<input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic (Mexican, Puerto Rican or Other Spanish Culture) <input type="checkbox"/> White		<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> White	

Yes  No Does this child receive SSI? If "Yes", enter monthly amount \$ \_\_\_\_\_

How long has this child lived with you? \_\_\_\_\_  Yes  No Are you currently receiving Kinship Care benefits for this child?

Yes  No Do you receive Kinship Care for other children in your home? If "Yes", number of other children: \_\_\_\_\_

**III. PARENT INFORMATION**

Name – Mother (Last, First, MI)		Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)		
Telephone Number – Home (     )	Telephone Number – Work (     )	Social Security Number



**VII.** Do you, or any other adult living or working in your home, have any arrests or convictions? If so, list below. (Arrests or background check will be run on all adults in your household.)

Name	Crime	Arrest or Conviction	Approximate Date

**IV. DOCUMENTATION**

A. You must provide proof that parent is deceased, incarcerated or institutionalized.

1. If a child's parent is deceased you must attach a copy of the parent's death certificate.
2. If a child's parent is incarcerated or institutionalized you must attach a copy of a letter from the jail, prison, or institution stating that the parent is there.

B. Copy of Guardianship Order

If you are the legal guardian for the child, send a copy of the guardianship order. Attach all documentation to the completed application.

C. You are required to provide written proof that the child is living with you. You may either:

1. Send a copy of the child's Medical Assistance card. The card must be for the current month, and must show the correct address. **(Do not submit the original card.); OR**
2. You may send the attached Documentation of Child Residence form (DCF-F-CFS2099A). The attached form is acceptable proof of child's residence if it is completed and signed by an official at the child's school, the child's doctor's office, or the child's day care center. This does not include friends, neighbors and relatives.

**Attach all documentation to the completed application and send all material to:**

**Perez-Pena Limited  
126 South 2<sup>nd</sup> Street  
Milwaukee, WI 53204**

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**IX. CERTIFICATION**

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I, the undersigned caretaker relative, attest to the following:

1. That neither I, nor any other adult resident of this household, nor any employee who would have regular contact with the minor relative identified above have any arrests or convictions that would adversely affect the minor relative or my ability to care for the relative identified above.
2. That I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
3. That I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves our home.
4. That I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
5. That I will cooperate with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify that I am aware that if I give false information under oath I may be prosecuted criminally for false swearing. I understand and agree to provide documents to prove what I have said. I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility.

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Name – Applicant (print)

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**SIGNATURE** – Applicant

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Date Signed

## KINSHIP CARE DOCUMENTATION OF CHILD'S RESIDENCE

**Use of this form:** This form is to be completed by someone who knows that this child is living with you and will be used to show proof of a child's residence with a relative applying for Kinship Care. This could be the child's school attendance office personnel, the child's doctor, teacher, day care center or someone similar. It does not include friends, neighbors or relatives. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**A separate form should be filled out for each child.**

You do not need to use this form if you are sending in a photocopy of the child's current month Medical Assistance card.

**Instructions:** The form is acceptable as proof of child's residence only if filled out and signed by an agent of the agency providing the address information. Schools, doctor's offices, day care providers, and others having knowledge of a child's residence, should provide the address listed for the child in their records.

### Caretaker Applicant (print)

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Name – Applicant (Last, First, MI)

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Name – Applicant (Last, First, MI)

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Address – Child (Street, City, State, Zip Code)

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### Person Providing Verification (print)

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Name – Person Providing Verification

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Name – Agency

Telephone Number

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**SIGNATURE** – Person Providing Verification

Date Signed

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The Caretaker Applicant should include this form with the Application for Kinship Care, DCF-F-CFS-2099),

**OR send this form to: Perez-Pena Limited**  
**126 South 2<sup>nd</sup> Street**  
**Milwaukee, WI 53204**