

FOSTER PARENT INSURANCE PROGRAM VERIFICATION OF CLAIM

Use of form: Completion of this form is required before a claim for foster parent insurance (s. 48.627) can be made to the department. The form must be completed and signed by the placing agency. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Within five working days of receipt, submit a "Foster Parent Insurance Program Claim of Loss or Damage" form (DCF-F-CFS0116-E) with supporting documentation and the completed "Foster Parent Insurance Program Verification of Claim" form (DCF-F-CFS0117-E) to the Bureau of Permanence and Out-of-Home Care, P.O. Box 8916, Madison, WI 53708-8916.

Placing Agency Information

Name – Placing Agency _____

Address (Street, City, State, Zip Code) _____

Foster Parent(s) Information

Name – Foster Parent(s) _____

Address (Street, City, State, Zip Code) _____

Date DCF-F-CFS0116-E was received by the placing agency: _____ (mm/dd/yyyy)

- Yes No Was the foster parent licensed at the time of occurrence?
 Yes No Was the foster child placed in the home at the time of occurrence?
 Yes No If appropriate, is restitution being sought?
 Yes No Is the foster child FFP eligible?
- If "Yes" provide: Date of previous claim: _____ (mm/dd/yyyy)
Amount of previous claim: \$ _____

Explain what you understand the circumstances of loss or damage to be.

Describe how you verified the loss or damage.

Explain how future loss or damage by the foster child can be prevented and how the condition is being treated or resolved.

Placing Agency Recommendation

Pay amount claimed on DCF-F-CFS0116-E.

Amount claimed: \$ _____

Less deductible: \$ _____

Recommended payment: \$ _____

Pay amount other than claimed.

Amount claimed: \$ _____

Less deductible: \$ _____

Recommended payment: \$ _____

Disregard claim.

If amount other than claimed is to be paid or claim is to be disregarded, provide explanation of recommendation.

Placing Agency Verification Checklist

Yes No Are all three pages of the DCF-F-CFS0116-E completed and attached?

Yes No Is there documentation of insurance coverage or insurance disclaimer provided with the DCF-F-CFS0116-E?

Yes No Have the receipts, estimates or other documentation for each item lost or damaged been provided?

Yes No If theft was involved, has a copy of the police report been provided?

Yes No Has the DCF-F-CFS0117-E been completed in its entirety?

Signature

Name – Person Completing This Form

Telephone Number

SIGNATURE – Agency Representative

Date Signed