

ORDERING INFORMATION – INQUIRY PACKETS

Use of form: Use of this form is voluntary; however, if the requested information is not provided, the department may be unable to process your request. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. To order an Inquiry Packet containing the information that you will need to begin planning your program, follow the steps below:

1. Determine the type of program you want to open.

Day Camp – DCF 252	A child care program that provides care and supervision to 4 or more children age 3 and older in a seasonal program oriented to the out-of-doors for less than 24 hours a day.
Family Child Care – DCF 250	A child care program that provides care and supervision for less than 24 hours a day for at least 4 and not more than 8 children who are not related to the provider.
Group Child Care – DCF 251	A child care program that provides care and supervision for less than 24 hours a day for 9 or more children who are not related to the provider.
Child Placing Agency – DCF 54	A child welfare program regulated under HFS 54 that is licensed to place children in licensed family foster homes and licensed group homes.
Group Foster Home – DCF 57	A child welfare program that provides 24-hour care and maintenance to 5 to 8 children.
Residential Care Center for Children and Youth – DCF 52	A child welfare program that provides residential care and treatment services for children, youth and young adults.
Shelter Care Facility – DCF 59	A child welfare program that provides short-term, nonsecure residential care and physical custody of children pending court action.

2. Complete the “Request for Inquiry Packet” section at the bottom of this page.
3. Make check or money order payable to the “**Department of Children and Families.**”
4. Mail the completed request form and payment to:

**Department of Children and Families
 2187 N Stevens St, Ste C
 Rhinelander, WI 54501**

REQUEST FOR INQUIRY PACKET

Name	Telephone Number ()
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Mailing Address (Street, City, State, Zip Code)

Type of Packet	Number of Packets	Amount
Send me: <input type="checkbox"/> Day Camp Packet (\$25.00 each)	_____	\$ _____
<input type="checkbox"/> Family Child Care Packet (\$25.00 each)	_____	\$ _____
<input type="checkbox"/> Group Child Care Packet (\$25.00 each)	_____	\$ _____
<input type="checkbox"/> Child Placing Agency Packet (\$25.00 each)	_____	\$ _____
<input type="checkbox"/> Group Foster Home Packet (\$25.00 each)	_____	\$ _____
<input type="checkbox"/> Residential Care Center Packet (\$25.00 each)	_____	\$ _____
<input type="checkbox"/> Shelter Care Facility Packet (\$10.00 each)	_____	\$ _____
Total Amount		\$ _____