

FOSTER PARENT INSURANCE PROGRAM DAMAGE CLAIM CHECKLIST

Use of form: Use of this form is voluntary. It provides a list of items to assist the placing agency in determining whether an insurance claim under s.48.627 Wisconsin Statutes is complete. The placing agency is responsible for assisting the foster family in filling out the forms and guiding the family in obtaining proper documentation. **If forms and information are incomplete, the packet will be returned to the agency for completion.** Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Complete and return this form to: Department of Children and Families
Division of Safety and Permanence
Bureau of Permanence and Out-of-Home Care
ATTN: Foster Parent Liability Claims
P.O. Box 8916
Madison, WI 53708-8916

Name – Foster Parent

FOSTER PARENT CLAIM

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | DCF-F-CFS0116-E completed and submitted by the foster family within 90 days of each incident or the discovery of each incident. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Foster family has included original receipts for repair / replacement OR copies of pictures of similar items, with prices, for items which need to be replaced / repaired OR copies of estimates for repairs on printed or billing statements signed and dated by estimator. Photographs of damages are also helpful. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Copies of police reports are required when theft or assault is involved, including written statements or copies of fire department reports, if applicable. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Copy of statement from insurance company, on letterhead, stating there is homeowners or automobile policy coverage in effect that will cover the loss and the amount of the policy deductible, or a letter showing amount covered and deductible amount. If the foster parent has been granted an insurance waiver, documentation of that waiver is included. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | W-9 is filled out by the foster parent. Note: This information is used to establish the payees in the department's vendor system and is not reported to IRS for the claims. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | DCF-F-CFS0117-E completed by the placing agency. All items are complete. Form is signed and dated. Note: The placing agency must sign and submit claims to the department as soon as possible after receipt from the foster family. Agency must also fill in IV-E eligibility status for claim. |

PLACING AGENCY VERIFICATION

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Agency notified foster parent of the \$100 deductible. Note: The deductible is for all claims filed in each state fiscal year (July 1 through June 30). A foster parent only needs to meet the deductible once during each state fiscal year. The new deductible is effective September 1, 2001. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child who caused the damage or loss was placed in a licensed foster home, treatment foster home or family operated group home at the time of the damage or loss incident. Claims prior to this still remain at \$200 deductible. |

REVIEW PROCEDURE AND GUIDELINES

1. Dollar amount the foster parent claims as a loss and the amount that the agency provides on the DCF-F-CFS0117-E should be in an agreement or a notation made.
2. If an item is stolen and the police or other party recovers the item, the department must be notified immediately. If it is before the claim is finalized by the department, the claim will be adjusted accordingly. If it is after a check has been issued, the foster parent will be required to return the payment.
3. Review committee examines claims quarterly (e.g., claims filed January through March will be reviewed in April). It may take up to 4-6 weeks after the review to process the payment. When all submitted materials are complete, the claim can be processed more quickly.
4. Valuables such as cash, jewelry, guns, antiques and vehicles need to be safeguarded from possible theft. The worker and family should be aware of this and make arrangements so the children do not have access to items.
5. If claims for a quarter exceed 25% of the total program allocation, all claims for that quarter will be prorated. If funds are available at the end of the fiscal year, prorated claims in the state fiscal year will be additionally funded at a prorated level to the extent that funds are available.
6. Damage to the property of a person who is not the foster parent or a member of the foster parent's family constitutes a 3rd party claim and is not covered by this program unless and until the 3rd party successfully sues the foster parent and the foster parent is found to have been negligent.