

FOSTER HOME INFORMATION FOR eWiSACWIS

Use of form: This form is required by Federal Register, 45 CFR, 1355.40, to be completed by Child Placing Agencies for Title IV-E foster homes monitoring and auditing purposes and for entering information into 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].

TO: Licensing Specialist 1 W. Wilson Street, Room 665 Madison, WI 53703 FAX: (608) 261-4940	FROM: (Licensing Agency)
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A. FOSTER PARENT(S) INFORMATION

Foster Parent 1 – Name (Last, First, Middle)			Relationship to Child (e.g., foster parent / relative)	
Address (Street, City, State, Zip Code)			Telephone Number	Birthdate (mm/dd/yyyy)
Social Security Number	Marital Status	Race(s)	Foster Parent of Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster Parent 2 – Name (Last, First, Middle)			Relationship to Child (e.g., foster parent / relative)	
Address (Street, City, State, Zip Code)			Telephone Number	Birthdate (mm/dd/yyyy)
Social Security Number	Marital Status	Race(s)	Foster Parent of Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster Parent 3 – Name (Last, First, Middle)			Relationship to Child (e.g., foster parent / relative)	
Address (Street, City, State, Zip Code)			Telephone Number	Birthdate (mm/dd/yyyy)
Social Security Number	Marital Status	Race(s)	Foster Parent of Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. TYPE OF CARE – Certification Level

<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	County Where Foster Parent(s) Resides
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C. TYPE OF LICENSE

<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Apply After Denial <input type="checkbox"/> Re-Apply After Revocation <input type="checkbox"/> Modified <input type="checkbox"/> Revoked <input type="checkbox"/> Closed
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INITIAL If license is the initial – what was the source of referral? Select all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoption / informational meeting | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Regional office |
| <input type="checkbox"/> Bus tail / poster | <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> School contacts / groups |
| <input type="checkbox"/> Business / company | <input type="checkbox"/> Newspaper press release / feature story | <input type="checkbox"/> School / educational |
| <input type="checkbox"/> Church | <input type="checkbox"/> Orientation | <input type="checkbox"/> Self |
| <input type="checkbox"/> County fair | <input type="checkbox"/> Other agencies | <input type="checkbox"/> Statewide marketing effort |
| <input type="checkbox"/> Employer contact / groups | <input type="checkbox"/> Other counseling agency | <input type="checkbox"/> Television |
| <input type="checkbox"/> Event based | <input type="checkbox"/> Other county | <input type="checkbox"/> Television advertisement |
| <input type="checkbox"/> Foster home study request | <input type="checkbox"/> Previous adoptive parent | <input type="checkbox"/> Television talk show |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Previous foster parent | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Hospital / medical | <input type="checkbox"/> Radio | <input type="checkbox"/> Other – Specify: |
| <input type="checkbox"/> Job fair | <input type="checkbox"/> Radio advertisement | |
| <input type="checkbox"/> Knows foster parent | <input type="checkbox"/> Radio talk show | |

MODIFIED If license modified – effective date: _____ (mm/dd/yyyy)

Reason license modified (select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Additional exceptions requested | <input type="checkbox"/> Change in address / provider moved | <input type="checkbox"/> Change in household composition |
| <input type="checkbox"/> Capacity, gender or age range changed | <input type="checkbox"/> Change in certification level | <input type="checkbox"/> Change in name |
| <input type="checkbox"/> Activate additional service types | | |

REVOKED If license revoked – effective date: (mm/dd/yyyy) Attach revocation letter sent to the foster parent(s).

Reason license revoked (select all that apply):

- Child abuse neglect Home does not meet standards Criminal background Personal requirements not satisfied
 Other – Specify:

CLOSED If license closed – effective date: (mm/dd/yyyy)

Reason licensed closed (select all that apply):

- Change in licensing agency Foster parent request Personal requirements not satisfied
 Child(ren) adopted Home does not meet standards Training requirements not satisfied
 Foster child left foster home Moved from area Duplicate provider clean-up
 Other – Specify:

PLACED ON HOLD Yes No Has license been placed on “hold” status? If “Yes”, effective date: (mm/dd/yyyy)
Attach letter sent to the foster parent(s).

What was the reason the license was placed on hold? Select all that apply.

- Administrative decision Child abuse neglect assessment Foster parent training in progress
 Adoption in progress Foster parent request
 Other – Specify:

Yes No Has license had its “hold” status lifted? If “Yes”, effective date: (mm/dd/yyyy)
Attach letter sent to the foster parent(s).

Reason “hold” status lifted.

- Adoption completed Adoption placement ended Appeal decision Disrupted adoption placement
 Foster parent request Foster parent training completed Other (documented or provider note)
 Staff decision Unsubstantiated C/AN

D. APPLICATION INFORMATION

Date Application Provided to Family (mm/dd/yyyy)

Date Completed Application Received (mm/dd/yyyy)

Decision

- Approved Denied Withdrew

Date of Decision (mm/dd/yyyy)

If application was denied, what was the Licensing Code Citation(s) and reason(s) for the denial?

Licensing Code Citation(s)

Reason(s)

If application was withdrawn, what was / were the reason(s) for the withdrawal? Select all that apply.

- Agency recommendation Home does not meet standards Noncompliance with other regulations
 Change in family circumstances Inadequate finances Personal requirements not met
 Child abuse neglect substantiated Misuse of funds Unlicensable
 Criminal background Moved out of state / county Did not complete assessment decision
 Did not complete assessment decision No longer interested Has protective service record
 Noncompliance health and safety Other – Specify:

E. LICENSE EXCEPTIONS / WAIVERS

Yes No Was an exception / waiver applied for by the foster parents?

If “Yes”, was the exception / waiver a licensing agency or Department of Children and Families (DCF) decision?

- Licensing Agency DCF

Attach an additional page if more than one exception / waiver was applied for.

Licensing Code Citation(s)

Exception / Waiver Start Date (mm/dd/yyyy)

Exception / Waiver End Date (mm/dd/yyyy)

Licensing Worker Narrative (include rationale for exception / waiver request)

Licensing Agency Supervisor Narrative

Licensing Agency Decision: Approve Approve Licensing Agency Alternative Deny

Licensing Agency Decision Date: _____ (mm/dd/yyyy)

DCF Exception Panel Chairperson Narrative

DCF Exception Panel Decision

- Approved Application As Is
- Approved Application With Specified Changes
- Approved Licensing Agency Alternative
- Denied Request

DCF Exception Panel Decision Date: _____ (mm/dd/yyyy)
