

Adoption Referral

Release Date: June 27, 2005



Adoption Referral Introduction

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 - Child Summary Tab
 - Matches tab
- Checklists
 - Refer to Adoption Program
 - Return to County
- Outliner

Modifications – General Tab

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Child's Name: Chelsea Chickfila Referral Status: Active Date Received: 04/27/2005 N/A - Relinquishment Case

General Birth Parents Background Placement Child Summary Matches

General Appearance

Gender: Female
DOB: 01/02/2000
Ethnicity: Cuban

Family History Questionnaire (Medical/Genetic) on File

Birth Mother Pregnancy and Delivery Information
 Birth Father N/A Child Being TPR'd from Adoptive Parent(s)

Adoption Information

Life Book Available Adoption Type: Agency Adoption Plcmt w/Non Relative Mother's TPR Date: 04/25/2005
 Birth Certificate in File Legal Risk: None Father's TPR Date: 04/15/2005
 Social Security Card in File **This Child Placed By:** Private Agency/Under Contract w/DHFS

Sibling Information at Time of Referral

Child has Siblings

Name of Sibling	Currently Placed With	Sibling Type
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Insert

Options: Go Save Close

Done Local intranet

- N/A - Relinquishment Case checkbox is a view-only checkbox
- N/A Child Being TPR'd from Adoptive Parent(s) is user-selected
- Mother's TPR Date pre-fills, but remains editable
- Father's TPR Date pre-fills, but remains editable

Modifications – General Tab

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Sibling Information at Time of Referral

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-----------------	-----------------------	--------------

Insert

Options: Save Close

Done Local intranet

- Sibling Information at Time of Referral
 - Child Has Siblings checkbox
 - Pre-fill potential siblings from Maintain Case page
 - Edit potential sibling person management information
 - Delete potential siblings from Adoption Referral
 - Insert additional potential siblings
- Sibling Type
- Existing Adoption Referral records

Modifications – Birth Parents Tab

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Child's Name: Chelsea Chickfila Referral Status: Active Date Received: 04/27/2005 N/A- Relinquishment Case

General Birth Parents Background Placement Child Summary Matches

Birth Mother

Birthdate: 01/01/1970
Age at Child's Birth: 30
 Mother is Deceased
Mother Married at Child's Birth:
Social/Mental/Physical Conditions:

Birth Father

Birthdate: 04/01/1970
Age at Child's Birth: 29
 Father is Deceased
Father Married at Child's Birth:
Social/Mental/Physical Conditions:

➤ Birth Mother Birthdate will reflect updated person management information

➤ Birth Father Birthdate will reflect updated person management information

Modifications – Background Tab

The screenshot shows a web browser window titled "Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header is "eWISACWIS" with navigation links for "Print", "Spell Check", and "Help". The main content area displays child information: "Child's Name: Chelsea Chickfila", "Referral Status: Active", "Date Received: 04/27/2005", and a checkbox for "N/A- Relinquishment Case". Below this is a tabbed interface with "Background" selected. The "Background" tab contains three sections: "Emotional", "Behavioral", and "Physical". Each section has three radio button options: "Minimal", "Moderate", and "Intensive". At the bottom of the form are "Save" and "Close" buttons. The browser's status bar shows "Done" and "Local intranet".

- This tab will display view-only the most recent approved Foster Care Rate Setting information for the child
- When the child is TPR'd, the Foster Care Rate Setting information displayed on this tab will no longer update

Modifications – Background Tab

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Child's Name: Chelsea Chickfila Referral Status: Active Date Received: 04/27/2005 N/A- Relinquishment Case

General Birth Parents **Background** Placement Child Summary Matches

Physical

Minimal

Yes No 1. Needs some help putting on braces or prosthetic devices and help with buttons or laces, but is basically self-caring and able to maintain own physical assisting devices

Yes No 2. Seizures, motor dysfunctions, controlled by medication

Yes No 3. Requires therapy for gross or fine motor skills

Yes No 4. Requires special diet preparation/supervision

Yes No 5. Child exhibits other characteristics which correspond in extent or degree - specify:

Other Physical Minimal

Moderate

Intensive

Results

Effective Date: 04/22/2005 Emotional Points: 12 Behavioral Points: 12 Physical Points: 12 Total Points: 36

Exceptional Payment Justification

This is exceptional payment justification #2

Save Close

➤ Select an expando to view the rate setting responses

➤ The Results groupbox displays the Foster Care Rate Setting Results tab information

Modifications – Child Summary Tab

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Child's Name: Chelsea Chickfila Referral Status: Active Date Received: 04/27/2005 N/A- Relinquishment Case

General Birth Parents Background Placement **Child Summary** Matches

Disposition

Additional Information

Child Has Been Previously Adopted

Adoption Placement Selection/Matching Completed

Adoption Exchange

<input type="checkbox"/> Listing with Photo	<input type="checkbox"/> Placed for Adoption
<input type="checkbox"/> Listing without Photo	<input type="checkbox"/> Family Adopting Child
<input type="checkbox"/> Deferral of Listing	<input type="checkbox"/> Assessment Required
<input type="checkbox"/> Child is listed with an Exchange	<input type="checkbox"/> Hospital or Residential Care
Exchange: <input type="text"/>	<input type="checkbox"/> Over Age 14 Deferred

Save Close

- The Child Has Previously Been Adopted checkbox pre-fills from Person Management
- The user selected Adoption Placement Selection/Matching Completed checkbox has been added

Modifications – Matches Tab

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Child's Name: Chelsea Chickfila Referral Status: Active Date Received: 04/27/2005 N/A- Relinquishment Case

General Birth Parents Background Placement Child Summary **Matches**

Primary Worker

Name: Corn, Conn Phone: (608)555-9999 Ext:

Recruitment

Provider Name Phone Number	Date AFA Received	Worker Name Phone Number	Status	Reservation Expiration	Reservation Acceptance	
<input checked="" type="radio"/> Patricia Provider (608)845-6654	<input type="text" value="00/00/0000"/>	Fox, Frank (608)555-9999	Pending		<input type="text"/>	Reserve Delete
<input type="radio"/> Nancy Gaston (605)555-1258	<input type="text" value="00/00/0000"/>	Cake, Caitlin (123)456-7890	Pending		<input type="text"/>	Reserve Delete
<input type="radio"/> French Toast (608)933-9293	<input type="text" value="00/00/0000"/>	Dingo, Danny	Pending		<input type="text"/>	Reserve Delete

- Provider Name / Phone Number column displays provider name and phone number
- Date AFA Received is a new date field
- Worker Name/Phone Number column displays the worker name and phone number of the primary worker assigned to the provider

Checklist – Refer to Adoption Program

Refer to Adoption Program checklist -- Web Page Dialog

eWiSACWIS Print Spell Check REC Help ?

For: Chelsea Chickfila Case: 9221296

Checklist Complete?

Item:	Date Due:	Date Completed:	Updated By:
<input type="checkbox"/> Complete the Concurrent Planning Referral/Intake Form (in eWiSACWIS)			
<input type="checkbox"/> Copy of the signed Foster Home License (if applicable)			
<input type="checkbox"/> Initial foster home study, subsequent re-licensing summaries or Kinship Study			
<input type="checkbox"/> Most recent FC Rate Setting Form including exceptional rate memos if applicable			
<input type="checkbox"/> Initial intake assessment on the family (pertaining to initial placement)			
<input type="checkbox"/> The last signed and dated judicial review order of the Permanency Plan			
<input type="checkbox"/> Most current Permanency Plan			
<input type="checkbox"/> All Court Reports including disposition, extension, and TPR created for case			
<input type="checkbox"/> Birth Mother Genetic info (CFS149 Fm Med/Gen,CFS 149A Pregnancy Questionnaire)			
<input type="checkbox"/> Birth Father Genetic info.(CFS 149 Family Med/Gen Questionnaire)			
<input type="checkbox"/> Foster Parent Informational Sharing Sheet (or equivalent), if available			
<input type="checkbox"/> School progress reports, IEPs or evals include all programs (i.e. Head Start)			

Save Close

- Accessed from Options drop-down on General Tab

Checklist – Refer to County

Return to County checklist -- Web Page Dialog

eWiSACWIS Print Spell Check REC Help

For: Chelsea Chickfila Case: 9221296

Checklist Complete?

Item:	Date Due:	Date Completed:	Updated By:
<input type="checkbox"/> Send letter of intent to return custody of child to county of TPR			
<input type="checkbox"/> Include All Permanency Plans since TPR			
<input type="checkbox"/> Include Court orders and Judicial reviews since TPR			
<input type="checkbox"/> Include Reports, if any, from all previous placements since TPR			
<input type="checkbox"/> Include Psychological, psychiatric and medical reports since TPR			
<input type="checkbox"/> Include IEP evaluations and updates since TPR			
<input type="checkbox"/> Include Other appropriate notes not entered into the eWiSACWIS system			
<input type="checkbox"/> File Petition for Transfer of Legal Custody			
<input type="checkbox"/> File Return of Legal Custody to County Order			
<input type="checkbox"/> File Return of Legal Custody to County Court Letter			
<input type="checkbox"/> Complete in eWiSACWIS Legal Status changes			
<input type="checkbox"/> Primary case assignment returns to the county for case management			
<input type="checkbox"/> Guardianship remains with the state			

Save Close

- Accessed from Options drop-down on General Tab

Outliner

[Mooretest, Jennifer \(9221169\)](#) [Actions](#)
CPS Family 09/09/2004 Fox, Frank Wood - WisconsinRapids 17 Catnap Court , Wisconsin Rapids, WI 54494 FSL: Moderate

- Administration
- Adoption
 - [Adoption Referral 01/31/2005 Mooretest Maddie](#)
 - Mooretest, Tessa (9221603)
 - Mooretest III, Evie (9221851)
 - Mooretest, Tinka (9221713)
- Assessment
- Assignment

- Adoption Referral Sibling icon displays for each child listed as a sibling on the Adoption Referral

Adoption Referral Summary

- Page Modifications
- Checklists
- Outliner
- Questions?