Levels of Care Reference Guide
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Relevant Memos

Levels of Care Resources
I. Overview

The purpose of the Levels of Care (LOC) Graduated Foster Care Licensing initiative is to improve stability, safety, matching, and permanence of children by matching their assessed needs with the skills, abilities, and capacities of caregivers.

Changes to Federal and State law with additional factors related to placements of children in out-of-home care in Wisconsin contributed to the Department of Children and Families (DCF) seeking to move forward with the changes to the Foster and Kinship Care Programs.

Changes to Federal Law

The Fostering Connections to Increasing Success and Adoptions Act of 2008 included multiple changes impacting children in out-of-home care. Three changes included in the act specifically are being addressed by the initiative: 1 – The movement to increase placement and involvement of relative caregivers when a child is placed in out-of-home care; 2- The requirement to notify all adult relatives that a child has been placed in out-of-home care; and 3- The ability for states to create more flexibility in Foster Care licensing codes for relative caregivers through establishing case-by-case Waivers of Non-Safety Related licensing requirements. With the movement to place and involve relatives Wisconsin wanted to improve safety of placement with relative caregivers in addition to improving services and supports provided to relative caregivers.

The Child and Family Services Review (CFSR) of 2003 and 2010 noted areas needing improvement including, but not limited to:

Systemic Factors
- Licensing, recruitment and retention standards and practices
- Provider Training

Performance Standards
- Placement Stability
- Relative Placement

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<td></td>
<td>92.3%</td>
<td>92.6%</td>
<td>89.7%</td>
<td>88.9%</td>
<td>88.3%</td>
<td>86.2%</td>
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The results of the 2003 CFSR and the expected results of the 2010 CFSR confirm the need for DCF to continue to work on improvements to how relative caregivers are provided services and supports, how all foster parents are trained, and how improved matching of children with the providers that care for them through a consistent child assessment tool will improve safety, permanence, and well-being outcomes for children in out-of-home care.

Finally, the Deficit Reduction Act of 2005 prohibited Title IV-E claiming for children placed with unlicensed relative caregivers. This resulted in a significant loss of federal funding for child welfare funding over the past several years as seen in the chart below.
The LOC initiative shall provide two avenues to improve Title IV-E claiming to maximize the federal claiming of funds for Wisconsin. Wisconsin will now claim Administrative costs for those who are in the foster care licensing process. This means that the foster care licensing inquiry has been created in ewisacw is and the date the application has been provided to the applicant is documented. Claiming will begin from this date forward. Additionally, more of the placements with relatives will be in licensed foster homes, increasing the eligible and reimbursable placements the State may claim. Without the stated changes, further cuts to child welfare program funding would be inevitable.

The Changing Composition of Out-of-Home Care Placements

As you can see, placements in Treatment Foster Care are significantly increasing over the last several years while there is no data showing that the children being placed have significantly changed over this short period of time.
II. To Whom Does Levels of Care Apply?

General Eligibility

When a child is placed via a county circuit court order in which the county or Department has “placement and care responsibilities” and the relative caregiver is receiving or approved for a Kinship Care payment before or after 1/1/2010 from the county or tribe the relative caregiver is required to go through the foster care licensing process. The licensing process begins at or before the annual reassessment for eligibility for cases approved for COKC prior to 1/1/2010 or when the COKC is approved for cases approved after 1/1/2010.

While the relative caregiver is in the foster care licensing process they can apply for Kinship Care funding. The relative caregiver must meet Kinship Care eligibility criteria according to Ch. DCF 58.04 Admin. Code in order to receive Kinship Care funds during this time. Below is a graphic representation of which providers have to go through the foster care licensing process. Please note, that the Levels of Care foster care licensing initiative does not require all relatives to be licensed in order to have placement of a child through the child welfare system.
There may be questions as to what constitutes an out-of-home care court order. Next a complete explanation of the different types of orders county circuit courts can enter into placing children in out-of-home care will be described as well as specific types of cases that may pose additional challenges in determining whether or not the Kinship Care provider is required to go through the foster care licensing process or not: tribal, ICPC, and guardianship cases.

Out-of-Home Care Court Orders

1. Temporary physical custody placements under a chapter 48 or 938 order [ss. 48.21(5)(b)1.d. and 938.(5)(b)1.d.] This includes temporary placements under a chapter 48 or 938 court order of children into care prior to the disposition of a case. [Child is removed on an emergency basis from the home and placed with Aunt Martha and TPC order is issued.]

2. Consent decrees which continue an out-of-home placement under ch. 48 or 938 [ss. 48.32(1)(b)1.d. and 938.32(1)(c)1.d.] While placements cannot be made into out-of-home care through a consent decree, a child or youth can be maintained in such a placement through a consent decree. [Child was living with Aunt Martha, and after the filing of a CHIPS under ch. 48 or a JIPS or delinquency petition under ch. 938, and in lieu of a Ch. 48 or 938 dispositional order, the court entered into a consent decree for the child to continue living with Aunt Martha – this is essentially putting the fact-finding and dispositional hearings “on hold” to see how things work out.]

3. Dispositional orders under a ch. 48 or 938 court order [ss. 48.355(2)(b)6g. and 938.355(2)(b)6g.] This includes a CHIPS, UCHIPS (unborn child in need of protection or services, JIPS or delinquency dispositional order placing a child outside the home.

4. Changes in placement under a ch. 48 or 938 court order [ss. 48.357(2v)(a)1m. and 938.357(2v)(a)1m.] These changes in placement include changes from in-home to out-of-home and from one out-of-home placement to another. [Child is removed from the home for any reason (see s. 48.355) and placed with Aunt Martha or child is removed from a foster home and placed with Aunt Martha]

5. Termination of parental rights [s. 48.43(1)(am)] This is a placement subsequent to a termination of parental rights. [Parents’ rights are terminated and child is placed temporarily or potentially for adoption with Aunt Martha. Under Wisconsin law, a relative is still a relative post-TPR and pre-adoPTION finalization for purposes of placement.]

Note: this includes sustaining care placements with relatives under s. 48.428 if the court has transferred guardianship or custody of the child to a county department or BM CW.

Note: this does not include requiring licensing of a relative after TPR for a relative who is granted guardianship and custody of the child after TPR under 48.427(3m)(a)5 and is receiving kinship care payments.
6. **Voluntary placement agreement** [s. 48.63(1)] for a placement with a relative. Note that although voluntary placement agreements are not court ordered, they must be licensed because under s. 48.63 a voluntary placement agreement can only be made into a licensed foster care placement. [Mom needs a break and agrees with the county or BMCW to have the child placed with Aunt Martha (who would have to be licensed) and a foster care payment would be made.]

Now let’s look at how these different orders are impacted based on when a tribe, another state through ICPC, or a guardianship is involved.

**Cases involving Tribes**

How one proceeds depends on whether the placement is made through a tribe or a county circuit court. If the placement is made through a tribal court, it does not fall under the LOC initiative and if the placement is made through a county circuit court then it does fall under the LOC initiative. The chart below explains how the differences are distinguished. Additionally, DCF Memo Series 2010-05 explains how Levels of Care applies to cases involving Tribes.

<table>
<thead>
<tr>
<th>Tribal Court-Ordered Placement</th>
<th>County Circuit Court-Ordered Placement</th>
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<tbody>
<tr>
<td>▪ Tribal Court jurisdiction and Tribal COKC—provider is <em>exempt</em> from the Foster Care licensing process since DCF has no authority over tribal courts and cannot require a tribe to license a provider.</td>
<td>▪ Circuit Court-Ordered Placement, receiving COKC payments from the county, follows the process just discussed.</td>
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<tr>
<td>▪ It does not matter whether the provider lives on or off the reservation.</td>
<td>▪ It does not matter whether the provider lives on or off the reservation.</td>
</tr>
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**ICPC Cases**

The requirement to go through the foster care licensing process applies to ICPC cases either in Wisconsin or in another state **ONLY IF** Wisconsin is making a Kinship Care payment. It is important to note that some states pay out-of-state kinship for children placed in WI, these cases do not need to be licensed as foster care placements unless required by the sending state. If WI is not paying a Kinship Care payment, then no foster care licensing is required.
ICPC rules state the sending state is financially responsible for their children placed in another state; however, some states cannot pay Kinship out-of-state. In those cases if the family requires financial assistance, Wisconsin should license them in order for the sending state to provide foster board payments (relieving Wisconsin from paying Kinship to out-of-state children). In the past, Wisconsin honored these out-of-state orders and provided Wisconsin Kinship to the resource, but since now these homes must be licensed, the sending state must request a conversion to foster care so they can begin paying their foster board payments.

Cases where Wisconsin is paying Kinship (for children from Wisconsin or another state) must go through the foster care licensing process.

When a child is from Wisconsin and placed out of state, the agency must submit a new request through ICPC via the Form 100A. With the request a cover letter stating the need to convert for payment purposes, a new financial/medical plan if changed, and any new case documentation since the original request shall be included.

When a child is from another state and placed in Wisconsin, the agency submit a request either through ICPC or directly to the sending state’s local worker.

The request must ask the sending state to submit a request to convert the placement from Kinship to Foster Care. The agency shall ask for a new financial/medical plan and the form 100A request for conversion. The request shall indicate that if the resource is licensed, the sending state will then be responsible for foster board payments to the resource.

For cases in which WI is providing Kinship Care for another states placement, the payment is made as a service, not as a placement in ewisacwis since the sending state enters the child’s placement in their sacwis system and reports the child’s placement to the federal government.

**Guardianship Cases**

There are three scenarios that will be explored in which a relative has established guardianship and the relative has applied or is receiving payments through the Kinship Care Program.

Levels of Care foster care licensing requirements may apply if a child is placed in the home of a kinship care relative under a ch. 48 guardianship orders, but they are not specifically identified because they would generally result from one of the dispositional orders identified earlier. In guardianships the focus is on situations where a state or county agency is ordered to have “placement and care responsibility” for the child.
III. To Whom Does Levels of Care NOT Apply?

In the previous section cases involving Tribes, ICPC placements, and guardianships were described and who is and is not required to go through the foster care licensing process. To reiterate, Tribal court ordered out-of-home care placement, ICPC placements in which WI is not making a Kinship Care payment, and guardianship cases in which there is no order giving the Department or a county “Placement and Care Responsibilities” are NOT REQUIRED to go through the Foster Care licensing process. In addition to these specific cases there are additional circuit court order out-of-home care placements or payments through the Kinship Care program that do not require a relative caregiver to go through the foster care licensing process.

Placement through a County Circuit Court with an Unlicensed Relative, Unpaid

An unlicensed/unpaid relative placement may be receiving Social Security payments for the child that would exceed the amount of a foster care payment, or they do not wish to or need to receive payment. In these instances, the relative caregiver is NOT required to go through foster care licensing process. There are no changes to current practice, caseworkers still must complete background checks and confirm Safety of the OHC placement (which includes a review of the physical environment, capacity of the caregivers to care for the child, and the match of the child and the caregiver).

Placement through a County Circuit Court with an Unlicensed Non-Relative

This type of provider must be licensed as a foster parent within 30 days with one 30-day extension allowable if granted by the court. The LOC initiative had no impact on this statutory requirement. There are no changes to current practice, agencies still must complete background checks and confirm Safety of the OHC Placement (which includes a review of the physical environment, capacity of the caregivers to care for the child, and the match of the child and the caregiver) and license the provider if the child is going to remain in this home.

Voluntary Kinship Care Cases

The Kinship Care program also has a component in which there is no court order involved placing the child into out-of-home care, this is known as Voluntary Kinship Care. There are NO CHANGES to the Voluntary portion of the Kinship Care program. Relatives receiving funding as a voluntary Kinship Care case do not qualify for foster care licensure and are not required to go through the foster care licensing process.
### IV. Timelines

<table>
<thead>
<tr>
<th>Type of Case</th>
<th>COKC Cases Approved Prior to 1/1/2010</th>
<th>COKC Cases Approved After 1/1/2010</th>
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<tbody>
<tr>
<td><strong>Code Citation for Requirement</strong></td>
<td>Sections DCF 58.13(3) and 58.16(3), Adm. Code, “Reassessment of Eligibility” requires... “prior to or at the reassessment of eligibility in calendar year 2010, a kinship or long-term kinship care relative who is caring for a child...under a court order SHALL apply for a license to operate a foster home under s. DCF 58.04(1).”</td>
<td>Section DCF 58.04(1) requires an applicant for Kinship Care or Long-Term KC who has a child placed under a court order to apply for a license to operate a foster home under Ch. DCF 56. If they are not complying with the FC licensing, they are ineligible for a KC payment.</td>
</tr>
<tr>
<td><strong>Timeframe App. And Decision</strong></td>
<td>Section DCF 58.066(1), Adm. Code, states that a foster home license is required by no later than 6 months after the date of the first review under s. DCF 58.13 or 58.16, occurring after 1/1/2010.</td>
<td>If the KC relative is not given a licensing decision within 60 days after the receipt of a completed application for a reason other than an act or omission of the KC relative, payments may be made until the earlier of the following: 4 months after the date the county department or the department received the completed application Or, The date a licensing decision is made within those 4 months.</td>
</tr>
<tr>
<td><strong>Payments</strong></td>
<td>Until a licensing decision has been made, COKC payments may continue. Once a licensing decision has been made, no further COKC payments can be made unless an exception under s. DCF 58.066(2) applies.</td>
<td>Can continue until the earliest of the following: Not more than 60 days after the date of receipt of a completed foster care application. OR, A foster care license is approved, denied, or the care provider is otherwise deemed to be ineligible for licensure.</td>
</tr>
<tr>
<td>Type of Case</td>
<td>COKC Cases Approved Prior to 1/1/2010</td>
<td>COKC Cases Approved After 1/1/2010</td>
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<tr>
<td>Exceptions to Allowing COKC payments to Continue</td>
<td>Section DCF 58.066(2), Adm. Code, Exception: allows a COKC provider who refuses or is unable to meet the minimum requirements for issuance of a foster care license to continue to receive COKC payments.</td>
<td>Section DCF 58.065(3) allows COKC payments to continue if all of the following are met: COKC denied or otherwise determined ineligible for licensure, Agency continues to recommend placement, Agency submits relative caregiver licensing form to court for consideration at next perm. plan hearing, Court continues the placement, and The COKC provider continues to meet Kinship Care eligibility requirements.</td>
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Now let's look at each type those before and after 1/1/2010 to see how the process flows...

COKC Cases
Approved Prior to 1/1/2010

*TOTAL TIME CANNOT EXCEED 6 MONTHS*

- Foster Care Licensing Process Begins
- COKC Payment
- Foster Care Licensing Decision Made
- COKC Payment
- Issue Foster Care Decision
  - Refusal To Comply With FC Licensing
  - Deemed Unlicenseable
  - Denied a Foster Care License
- Once Licensing Decision has been Made

- At or Before Reassessment for Kinship Care Eligibility in 2010
- Completed Foster Care Application Received
- Foster Care Licensing Decision Must be made within 60 days or a completed application receipt, but cannot exceed 6 months from the date of reassessment

- COKC Case updated to reflect any provider type changes
COKC Cases
Approved After 1/1/2010

TOTAL TIME CANNOT EXCEED 4 MONTHS

- At the same time approved for COKC
- Strongly suggest Joint Application for KC and FC

- Foster Care Licensing Process Begins
- Foster Care Licensing Decision Made
- Foster Care Licensing Decision has been Made

- Issue a Foster Care License
- Refusal To Comply with FC Licensing
- Deemed Unlicenseable
- Denied a Foster Care License
- "NO Fault Delay payment if agency does not make a timely decision, cannot exceed 4 months."

- Once Licensing Decision has been Made

- Foster Care Application Received
- Foster Care Application updated to reflect any provider type changes
V. Kinship Care Eligibility

In order to be Kinship Care (KC) eligible the caregiver and child must meet several requirements laid out in Ch. DCF 58 Adm. Code.

1) The child must be in need of the placement with the relative caregiver due to safety & permanency issue Ch. DCF 58.10(1) Adm. Code

2) The placement must be in the best interest of the child Ch. DCF 58.10(2) Adm. Code

3) The child is or at serious risk of becoming subject to the jurisdiction of the court (CHIPs or JIPs) Ch. DCF 58.10(3) Adm. Code

4) The relative caregiver must be a legal relative per Ch. DCF 58.03 (18) Adm. Code: “Relative” means an adult who is the child’s stepparent, brother, sister, steppbrother, stepsister, half brother, half sister, brother-in-law, sister-in-law, first cousin, 2nd cousin, nephew, niece, aunt, uncle, stepuncle, stepaunt, or any person of a preceding generation as denoted by the prefix of grand, great or great-great, whether by blood, marriage or legal adoption, or the spouse of any person named in this subsection, even if the marriage is terminated by death or divorce.

5) The relative caregiver must submit to a criminal background check (as must all adults in the providers home and employees) Ch. DCF 58.04(2) Adm. Code

6) The relative caregiver must cooperate with the agency in all application requirements, which includes completing a child support referral form and notifying the agency when household members change. Ch. DCF 58.04(3) Adm. Code

7) No relative may simultaneously receive Foster Care or another type of Kinship Care payment for the care of the same child. Ch. DCF 58.07(1) Adm. Code

8) A child receiving SSI payments on their own behalf is ineligible for KC payment. They are eligible for KC when receiving a death benefit for a parent. DCF 58.07(2)

Kinship Care Appeal and Review Rights

Ch. DCF 58.08 Adm. Code describes Appeal and Review Rights for Kinship Care providers or applicants as follows:

- If an agency denies a Kinship Care applicant or terminates their Kinship Care payment the agency shall notify the applicant or provider in writing. This notification must include the reasons for this decision and an explanation of the applicant's rights to an appeal or request a review of the decision.

- If the notice states a payment will be discontinued, the payment may not be terminated until the provider has 10 days to request a hearing.

- If an application is denied or payment terminated due to a negative background check the applicant/provider must request a review of the decision to the County Director or Tribal administrator.

- If an application is denied or payment terminated for a reason other than a negative background check the applicant/provider may appeal the decision to the Division of Hearing and Appeals.
A review shall be held within 30 days after the request for review is made and the results of the review shall be provided to the applicant or provider within 10 working days of the review.

The Department will be developing draft language that can be used by agencies for cases terminating or denied based on the relative caregivers non-compliance with the foster care licensing process. This language will likely be developed into a form that will be put into ewisacwís for agency use.
VI. Foster Care Licensing Decisions

Once the family begins the foster care licensing process through the application process described in section 4, the licensing agency needs to make a licensing decision based on the Completed Application submitted by the applicant(s). There are three licensing decisions that can be made for all persons required to go through the foster care licensing process due to the LOC initiative. The agency can issue or deny a Foster Care License. The relative caregiver applicant can withdraw their application because either they are deemed un licensable or they are refusing to comply with the licensing process.

When a foster care license is issued, the Kinship Care provider needs to be closed in ewisacwis and a foster care license needs to be issued and the child's placement updated to reflect the foster care payments. Relative caregivers are eligible to receive foster care licensure with both exceptions and waivers in place as deemed appropriate on a case-by-case basis.

Foster Care Licensing Code, Ch. DCF 56 Admin. Code, can be thought of into two distinct categories, and those non-statutory requirements may also have exceptions or waivers as allowed in the licensing code. These differences are described below:

- Statutory Requirements
  - Examples include: Definition of Foster Care and Treatment Foster Care Ch. 48, Building Code s. Comm. References, and Transportation Law s. 347.48(4), Stats.

- Non-Statutory Requirements
  - Exceptions
    - Licensing Agency Can Grant DCF 56.02(2)(a)
      - Unboxed items in the Annotated Version of 56
    - DCF Exceptions Panel Can Grant
      - Listed in DCF 56.02(2)(a)1.
      - Boxed items in the Annotated Version of 56
  - Non-Safety Related Waivers (for Relative Caregivers Only)
    - Licensing Agency Can Grant
      - Listed in DCF 56.02(2)(c)1.
      - Designated in the Annotated Version of 56 with (*)
    - DCF Exceptions Panel Can Grant
      - Listed in DCF 56.02 (2)(c)2.
      - Designated in the Annotated Version of 56 as Boxed items with (*)

For Both Exceptions and Waivers there are several commonalities.

They are determined on a Case-by-Case Basis. They may not jeopardize the health, safety or welfare of the foster children. They must be cited on the license (now in eWISACWIS). They shall be in effect only as long as the conditions under which the exception or waiver were granted remain but no longer than 2 years from the date on which it was granted or the date the license terminates whichever occurs first. They may be granted to a licensee with any Level of Care Certification.
There are also some differences...

EXCEPTIONS – DCF 56.07(2)(a)
"...a licensing agency may grant an exception to any requirement in this chapter if the licensing agency determines that the exception will not jeopardize the health, safety or welfare of the foster children..." The licensing agency may impose conditions to be met within a specified period of time by the licensee as an alternative to compliance with the requirement for which an exception has been granted.

The Annotated Version of DCF 56 adds, “An exception is not the same as a waiver. The latter simply means that the requirement need not be followed. An exception means that something must be done in the alternative to the requirement...”

WAIVERS – DCF 56.02(2)(c)
Non-safety related waiver for relatives. The licensing agency or the department exceptions panel may grant a waiver to the ... non-safety-related requirements for the relative of a child without an alternative provision to meet the intent of the requirement...

What happens to the Exceptions and Waivers with a child-specific license when the child returns home or is placed somewhere else?

When a child returns home or is placed somewhere else, a condition of a child-specific license no longer exists, (the specific child no longer being in need of their care) therefore, the license is no longer effective and shall close, unless...A licensee with a child-specific license meets foster care licensing requirements as a Foster Parent Certified as a Level 2 provider without a child-specific license and without Waivers. Exceptions granted may remain in effect.

This does not mean the licensee has to agree to placement of children for whom they are not related to or to whom they do not have a previously existing relationship to, but they no longer have a child-specific license since there is no identified child for the license.

NOTE: There are proposed changes to this in the Permanent Rule that was filed with the Legislature.

As stated previously, when a foster care license is not issued there are two other licensing decisions, deny or withdrawal (refused and deemed un licensable). These other decisions will be described and the differences noted based on whether or not the case began Kinship Care payments before or after 1/1/2010.
COKC - Approved Prior to 1/1/2010

Licensing Decision

Agency

Agency Action to Court
Or
Admits, Review Panel
Finding

Court or Admits, Review Panel
Finding

Continue to be
Ex. Appropriate,
and Necessary
Continue to be
Ex. Appropriate,
and Necessary
None necessary,
and the
objection is killed.

Continued COKC Eligible

Yes, if meets all
applicable
requirements.

No.

COKC - Approved After 1/1/2010

Licensing Decision

Agency

Agency Action to Court

Provide Additional
Information

Court Finding

Consider whether
Continued to be
Safe, Appropriate,
and Necessary
Proceed with
Initial Conditional
Placement

No, necessary,
reject or
objection is filed.

Continued COKC Eligible

Yes, if meets all
applicable
requirements.

No.

No.
COKC Case – Approved Prior to 1/1/2010

**Refusal Decision**

- Licensing Decision
  - Yes, file for licensing
  - No, end consideration

**Agency Action to Court**

- Need to continue placement
  - Files a Change of Placement
  - None

**Court or Admin. Review Panel Finding**

- Placement continues to be Satisfactory
  - Placement continues to be Satisfactory
  - None
- Placement not suitable for Child
  - None

**Continued COKC Eligible**

- Yes, file for licensing
- No, end consideration

COKC Case – Approved After 1/1/2010

**Refusal Decision**

- Licensing Decision
  - Yes, file for licensing
  - No, end consideration

**Agency Action to Court**

- Need to continue placement
  - Files a Change of Placement
  - None
- None

**Court Finding**

- Placement continues to be Satisfactory
  - Placement continues to be Satisfactory
  - None
- Placement not suitable for Child
  - None

**Continued COKC Eligible**

- Yes, file for licensing
- No, end consideration
As stated in the previous section, there is a process for relative caregivers to continue to receive Kinship Care funding if they are not licensed as foster parents. In order for the person to continue to maintain eligibility for the Kinship Care program and for payment to continue the court or Administrative Review Panel will need to be involved. The process and forms used to complete the process are described in this section.

### COKC Case – Denied FC License

#### Placement and Payment Continues

**Approved for COKC prior to 1/1/2010**

1. Agency decision about continued placement.
2. Agency must provide information to the Court or Admin. Review Panel of the next Permanency Plan Review Hearing or Panel.
3. Court or Admin. Review Panel makes finding that the "Placement Continues to be safe, appropriate, and necessary."
4. If the Relative continues to meet eligibility criteria for COKC, then Kinship Care payments can continue.

**Approved for COKC after 1/1/2010**

1. Agency decision about continued placement.
2. Agency must provide information to the Court of the next Permanency Plan Review Hearing.
3. Court makes finding that the "Placement Continues to be safe, appropriate, and necessary."
4. If the Relative continues to meet eligibility criteria for COKC, then Kinship Care payments can continue.
COKC Case – Deemed Un licensable
Placement and Payment Continues

Approved for COKC prior to 1/1/2010

Agency decision about continued Placement.

Agency must provide information to the Court or Admin. Review Panel at the next Permanency Plan Review Hearing or Panel.

Court or Admin. Review Panel makes finding that the "Placement Continues to be safe, appropriate, and necessary".

If the Relative continues to meet eligibility criteria for COKC, then Kinship Care payments can continue.

Approved for COKC after 1/1/2010

Agency decision about continued Placement.

Agency must provide information to the Court at the next Permanency Plan Review Hearing.

Court makes finding that the "Placement Continues to be safe, appropriate, and necessary".

If the Relative continues to meet eligibility criteria for COKC, then Kinship Care payments can continue.
COKC Case – Refusal of Licensing Process Placement Continues...

**Approved for COKC prior to 1/1/2010**

Agency makes the decision to proceed with continued placement.

Agency must provide information to the Court or Administrative Review Panel of the next Permanency Plan Review Hearing or Panel.

Court or Administrative Review Panel makes finding that the "Placement Continues to be safe, appropriate, and necessary."

If the Relative continues to meet eligibility criteria for COKC, then Kinship Care payment can continue.

**Approved for COKC after 1/1/2010**

Agency makes the decision to proceed with continued placement.

Agency must explain to the Relative Caregiver that COKC payments will end, however placement can continue.

The relative caregiver wants to continue placement without payment.

Provider becomes an uncleared relative placement in eWISACWIS.

So how does the agency provide the information to the Court or Administrative Review Panel in order to continue placement? The Relative Caregiver Licensing Decision, DCF-F-2479-E form was created to contain all of the information agencies are required to provide to the Court or Administrative Review Panel by statute. On the next page is a copy of this form.
# Relative Caregiver Licensing Decision

**Use of form:** Completion of this form is voluntary; however, its completion complies with the information to be provided to the court as required in s. 48.57(3m)(ap)(3), 48.57(3n)(ap)(3), Wisconsin Statutes or Ch. DCF 58.066 Admin. Coce. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

## I. Child Information

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<thead>
<tr>
<th>Date Form Completed</th>
<th>Name – Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name – Child (Last, First, MI)</th>
<th>Birthdate – Child</th>
<th>Court Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>eWisACWis Case Number</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## II. Relative Caregiver Information

<table>
<thead>
<tr>
<th>eWisACWis Provider Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name – Relative Caregiver (Last, First, MI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name – Relative Caregiver (Last, First, MI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address – (Street, City, State, Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## III. Licensing Decision

Choose one below.
- [ ] Denied
- [ ] Deemed un licensable
- [ ] Refusal of foster care licensure (only applicable to providers approved for Kinship Care prior to 1/1/2010)

Explanations of licensing decision:

## IV. Background Information as Specified in s.48.57(3m) and 48.57(3n), Wisconsin Statutes

## V. The county department or department’s assessment of the safety of the Kinship Care relative’s or long-term Kinship Care relative’s home and the ability of the Kinship Care or long-term Kinship Care relative to care for the child.

## VI. Agency Making the Licensing Determination

<table>
<thead>
<tr>
<th>Name – Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address – Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name – Licensing Worker</th>
<th>SIGNATURE – Licensing Worker</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name – Licensing Worker</th>
<th>SIGNATURE – Licensing Worker</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## VII. Recommendation of the county department or department as to the continued placement of the child in the home of the Kinship Care relative or long-term Kinship Care relative.

<table>
<thead>
<tr>
<th>Name – Caseworker</th>
<th>SIGNATURE – Caseworker</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name – Supervisor</th>
<th>SIGNATURE – Supervisor</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Each portion of the form requires specific information described in the graphic below.

Relative Caregiver Licensing Decision Form – DCF-F-2479-E

Required Information to be provided to the Court or Administrative Review Panel through Ch. DCF 58.065(3) & 58.066(2) Admin. Code and Ch. 48.57(3n)(ap)3) & 48.57(3n)(ap)3), Wis. Stats.

*When filing Request for Review of Permanency Plan may want to highlight this addendum is attached to the Permanency Plan.

There is space for separate licensing workers and workers making recommendation as to the continued placement of the child. A relative is not required to be a licensed foster parent to have placement of a child through an out-of-home care order, but if they are seeking payment, then they are required to go through the foster care licensing process with the agency as stated in previous sections.

Once the agency submits this information to the Court or Administrative Review Panel, the Court or Administrative Review Panel must make a finding regarding whether or not the placement continues to be safe and appropriate. The Courts shall document such a decision on the Permanency Plan Hearing Order and an Administrative Review Panel shall document such a decision on the Permanency Plan Review Summary as described next.
STATE OF WISCONSIN, CIRCUIT COURT, ____________________________ COUNTY

IN THE INTEREST OF

Permanency Plan Hearing Order

________________________  __________________________
Name  Case No.

________________________
Date of Birth

A request for hearing was filed with the court and notice was given to all interested parties.

A hearing was held on (Date) __________________________, which is the effective date of this order.

THE COURT REVIEWED THE PERMANENCY PLAN FILED BY THE AGENCY AND FINDS:

1. a. The permanence goal for the child/juvenile has been:
   □ return to the home.
   □ adoption.
   □ placement with a guardian.
   □ permanent placement with a fit and willing relative.
   □ placement in one of the following alternative permanent placements:
      □ long term foster/residential care.  □ independent living.  □ sustaining care.
   b. This goal □ meets  □ does not meet the needs of the child/juvenile.
   c. The permanency plan has or has not been complied with as follows:

          | complied with | not complied with |
          |              |
agency   |              |
provider |              |
mother   |              |
father   |              |
juvenile |              |
juvenile's guardian (if any) |              |

Comments: __________________________________________________________

   □  d. The department or agency □ has □ has not identified the date by which the child/juvenile will likely be placed to conform with this permanence goal. (Date) __________________________.

   □  2. a. The concurrent permanence goal for the child/juvenile has been:
   □ return to the home.
   □ adoption.
   □ placement with a guardian.
   □ permanent placement with a fit and willing relative.
   □ placement in one of the following alternative permanent placements:
      □ long term foster/residential care.  □ independent living.  □ sustaining care.
   b. This goal □ meets  □ does not meet the needs of the child/juvenile.
   c. The permanency plan has or has not been complied with as follows:

          | complied with | not complied with |
          |              |
agency   |              |
provider |              |
mother   |              |
father   |              |
juvenile |              |
juvenile's guardian (if any) |              |
Comments:________________________________________________________________________________________

d. The department or agency □ has □ has not identified the date by which the child/juvenile will likely be placed to conform with this concurrent permanence goal. (Date)________________________________________________________________________________________

3. The placement of the child/juvenile □ continues □ no longer continues to be necessary, safe and appropriate.

4. Adequate efforts □ were □ were not made to involve the appropriate service providers in meeting the special needs of the child/juvenile and his or her parent(s).

5. Sufficient progress □ was □ was not made in eliminating the causes for the child’s/juvenile’s out-of-home placement and toward returning the child/juvenile safely to his or her home or toward obtaining a permanent placement for the child/juvenile.

□ 6. The child/juvenile was placed outside of his or her home in a foster home, group home, nonsecured residential care center for children and youth, or shelter care facility for 15 of the most recent 22 months.

The permanency plan is □ appropriate.
□ not appropriate because it fails to sufficiently address the circumstances which prevent the child/juvenile from:
□ being returned safely to the home;
□ being placed safely in the home of a fit and willing relative;
□ having a petition for involuntary termination of parental rights filed on behalf of the child/juvenile;
□ being placed for adoption;
□ being placed with a guardian;
□ being placed in some other alternative permanent placement, including sustaining care, independent living, or long term foster care/residential care.

7. Reasonable efforts to achieve the goal of the permanency plan, including through an out-of-state placement if appropriate, were □ made by the department or agency responsible for providing services.

□ not made by the department or agency responsible for providing services.

8. Reasonable efforts to place the child/juvenile in a placement that enables the sibling group to remain together were □ made.
□ not required because the child/juvenile does not have siblings in out-of-home care.
□ not required because it would be contrary to the safety or well being of the child/juvenile or any of the siblings.
THE COURT ORDERS:

1. The permanence goal for the child/juvenile □ remains □ is changed to
   □ return to the home.
   □ adoption.
   □ placement with a guardian.
   □ permanent placement with a fit and willing relative.
   □ placement in one of the following alternative permanent placements:
     □ long term foster/residential care. □ independent living. □ sustaining care.

2. The concurrent permanence goal for the child/juvenile □ remains □ is changed to
   □ return to the home.
   □ adoption.
   □ placement with a guardian.
   □ permanent placement with a fit and willing relative.
   □ placement in one of the following alternative permanent placements:
     □ long term foster/residential care. □ independent living. □ sustaining care.

3. The child/juvenile has siblings in out-of-home care and the child/juvenile is not placed with those siblings.
   □ The department or agency shall make reasonable efforts to provide frequent visitation or other
     ongoing interaction between the child/juvenile and any siblings.
   □ The department or agency is not required to provide for frequent visitation or other ongoing interaction
     because it would be contrary to the safety or well being of the child/juvenile or any siblings.

4. Other: 

5. The department or agency shall file a new permanency plan with the court by (Date) ____________________.

6. The department or agency shall file a request to change placement with the court by (Date) ____________________.

THIS IS A FINAL ORDER FOR PURPOSES OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

DISTRIBUTION:
1. Original - Court
2. Child/Juvenile and Attorney
3. Parent/Guardian
4. Legal and/or Physical Custodian/Attorney (if any)
5. Social Worker
6. Guardian ad Litem
7. District Attorney/Corporation Counsel
8. Placement Location
9. Court Appointed Special Advocate
10. Other

BY THE COURT:

☐ Circuit Court Judge    ☐ Circuit Court Commissioner

Name Printed or Typed

Date
Court or Admin. Review Panel Finding—Permanency Plan Hearing Order

- Response to Finding 3 on Order – box checked “continues.”
- Response to Finding 3 on Order – box checked “does not continue”
- Response to Finding 6 on Order – box checked requiring agency to file a Change of Placement.

How does a relative caregiver continue to receive COKC payments?

- Licensing Decision that qualifies.
- Finding from Court or Administrative Review Panel that the Placement of the child/ juvenile continues to be necessary, safe, and appropriate.
- Relative Caregiver continues to meet eligibility requirements.
  - Continue with Annual Renewals
  - No further requirement to get additional Findings in Court.
VIII. Court Collaboration

The Department of Children and Families encourages agencies to work with their court system in implementing the changes described with their court system. Discussion topics to consider in court and agency collaboration have been developed with the Director of State Courts office and are provided below.

**Courts may specifically want to make decisions about or be made aware of the following:**

- Whether or not the Court wants an Administrative Review Panel to hear these decisions. (Even though it's allowed, some Courts may want to make these decisions.)
- Whether or not the Court is comfortable with the agency waiting until the next Permanency Plan Review/Hearing if one of these foster care licensing decisions has been made.
- How the court wants to be made aware that the review will include a determination regarding a relative caregiver licensing decision.
- There may be more Permanency Plan Review Hearings.
- Review the Relative Caregiver Licensing Form.
- Explanation to the Courts that their finding of continued placement does not guarantee eligibility for COKC program.
Creating a Provider Record

Create > Provider > Home Inquiry

Creating a Provider Record

Search for Provider’s Name
Creating a Provider Record

Add Role for each Member

Creating a Provider Record

Select Marital Status, Inquiry Type, and Referral Source(s)
Creating a Provider Record

Referral Source(s)

Creating a Provider Record

Screening Decision
Creating a Provider Record

Provider Record Created

Out-of-Home Placement Options

Kinship - Court Ordered

➤ Paid Service
➤ Unlicensed Service

Relative Care – Unlicensed

➤ Non-Paid Service
➤ Unlicensed Service

Non-Relative Care Unlicensed

➤ Non-Paid Service
➤ Unlicensed Service
Adding Services for the Out-of-Home Placement

Jenny Weber's Desktop

- Date Restricted
- Participant View
- View Not Approved/Canceled

- Ticklers
- Cases (1)
- Providers (11)
  - Provider, Auntie (6034080) Actions
    - Foster Home 12/10/2009 Weber, Jenny Dane Des: Milwaukee License Status: Active-Regular
    - Test Parent [Click to Maintain Home Provider]
      - Private Agency 03/25/2010 Weber, Jenny Dane

Adding Services for the Out-of-Home Placement
Adding Services for the Out-of-Home Placement

Unlicensed Services

Out-of-Home Placement

Create Case Work > Placement/Services > Out of Home Placement
Out-of-Home Placement (Kinship)
Out-of-Home Placement (Relative Unlicensed)
Out-of-Home Placement (Non-Relative - Unlicensed)

![Out-of-Home Placement (Non-Relative - Unlicensed) Interface]

Out-of-Home Placement (Non-Relative - Unlicensed)
Licensing

Create Provider Work > License > Licensing Activity

Licensing

[Image of licensing application process]

40
Licensing

<table>
<thead>
<tr>
<th>Application Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Status:</td>
</tr>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Date Application Provided to Family:</td>
</tr>
<tr>
<td>01/01/2010</td>
</tr>
<tr>
<td>Date Completed Application Received:</td>
</tr>
<tr>
<td>02/10/2010</td>
</tr>
<tr>
<td>Decision:</td>
</tr>
<tr>
<td>Pending</td>
</tr>
<tr>
<td>Decision Date:</td>
</tr>
<tr>
<td>08/08/2010</td>
</tr>
<tr>
<td>Foster Care</td>
</tr>
<tr>
<td>Application Type:</td>
</tr>
<tr>
<td>Foster Care</td>
</tr>
<tr>
<td>Date Signed Application Received:</td>
</tr>
<tr>
<td>09/09/2009</td>
</tr>
</tbody>
</table>

**Date Application Provided to Family:** Refers to the date the paper application for foster care was provided to the family.

**Date Application Received:** Refers to the date the licensing agency has received the paper application, completed interviews, background checks and gathered all of the information from the applicant in order to make a licensing decision.

Foster Care Licensing Decisions Required Documentation in eWiSACWIS

**Application Activity Page**

- Withdrawn
- Refusals
  - Reason: No Longer Interested
- Deemed Unlicensable
  - Reason: Unlicensable
- Denial
- Foster Care License Issued
Withdrawn Applications

Withdrawal Reasons

[Diagram of withdrawal reasons with options selected]
Withdrawn Applications
May 11, 2010

Auntie Provider
555 State Street
Madison, WI 53701

Dear Auntie Provider:

This letter shall serve as official notice that your application for a foster care license pursuant to Ch. DCF 56, Adm. Code, is denied.

The reason for the denial is:

56.06(1)(c)(9)(b) PERSONAL REQUIREMENTS AND BACKGROUND.

enter info here...

Should you wish to appeal this denial decision, you must submit a written request for a fair hearing which must be received by the Division of Hearings and Appeals within fifteen (15) days of this notice as stated above, to:

Division of Hearings and Appeals
P.O. Box 7876
Madison, WI 53707-7876

Should you have any questions, please contact me at (608)261-7669.

Sincerely,

Jenny Weber, eWISACWIS Program Team

Denied Applications
**Negative Action Notice**

**DHS 12 NEGATIVE ACTION NOTICE**

Use of form: Use of this form is voluntary. However, the information requested on this form must be provided pursuant to s. 49.651(1m), Wis. Stats., and DHS 12.09, Wis. Admin. Code. Information collected on this form will be entered into the Department of Children and Families' Children's License Database which lists individuals whose application for a license, certification or adoption is denied or whose license/certification is revoked or not renewed (negative actions) for reasons specified in the list of offenses affecting caregiver eligibility, DHS 12, Admin. Code, Appendix A. Personal information you provide may be used for secondary purposes under s. 15.04(1m), Wisconsin statutes.

Instructions: Complete a separate form for each person subject to the negative action taken. Send the completed form to the appropriate address listed at the bottom of the form.

Action Requested:
- Add New Record
- Modify Previously Created Record
- Delete Previously Created Record
- Appeal Has Overturned Finding

I. Individual Against Whom the Negative Action Was Taken

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Social Security Number</th>
<th>Birthdate (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>111-11-1111</td>
<td>03/04/1976</td>
</tr>
</tbody>
</table>

II. License / Certification Type (Check one)

- [ ] Day Care Certification
- [ ] Adoption
- [ ] Treatment Foster Home
- [ ] School Age Certification
- [ ] Foster Home

III. Negative Action Taken

Check appropriate box below:
- [ ] Denial
- [ ] Revocation
- [ ] Non-Renewal

<table>
<thead>
<tr>
<th>Reason Negative Action Taken</th>
<th>Date Negative Action Taken (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantiated finding of child abuse or neglect</td>
<td>04/06/2010</td>
</tr>
<tr>
<td>Criminal conviction</td>
<td>04/06/2010</td>
</tr>
<tr>
<td>Misappropriation of client's property</td>
<td>04/06/2010</td>
</tr>
</tbody>
</table>

IV. Agency Taking the Negative Action

<table>
<thead>
<tr>
<th>Agency Type (Check one)</th>
<th>Agency Name</th>
<th>County</th>
<th>Tribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA</td>
<td>Jenny Weber</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Denied Applications**

---

**eWisacwis - Windows Internet Explorer**

**Jenny Weber's Desktop**

- [ ] Date Restricted
- [ ] Participant View
- [ ] View Not Approved/Canceled

- [ ] Ticklers
- [ ] Cases (1)
- [ ] Providers (11)

<table>
<thead>
<tr>
<th>Provider, Auntie (8034080)</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship Care Home 12/10/2009 Weber, Jenny State Des: Milwaukee License Status: Denied</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Assignments
- [ ] Basic
- [ ] Home Inquiries
- [ ] Licenses

- [ ] Application Activity

| 01/11/2010 04/06/2010 Initial Foster Care Denied Milwaukee |

- [ ] Members
- [ ] Parent Agency
Relative Caregiver Licensing Decision Form

eWiSACWIS June Release

Relative Caregiver Licensing Decision Form

Create Case Work > Legal > Legal Document
Relative Caregiver Licensing Decision

Use of form: Completion of this form is voluntary; however, its completion complies with the information to be provided to the court as required in s. 48.57(3)(a), 48.57(3)(a)(X), Wisconsin Statutes or Ch. DCF 58.006 Admin. Code. Personal Information you provide may be used for secondary purposes (Privacy Law, s. 15.04(1)(m), Wisconsin Statutes).

I. Child Information
   - Name: Child (Last, First, M)
   - Date of Birth: 01/03/2009
   - Case Number: 8234525

II. Relative Caregiver Information
   - Name: Relative Caregiver 1 (Last, First, M)
   - Phone: 8034088
   - Address: 555 Camp Randall Avenue Madison, WI 53711

III. Licensing Decision
   - Choose one below:
     - Denied
     - Deemed unsuitable
     - Refusal of foster care licensure (only applicable to providers approved for Kinship Care prior to 11/1/2010)

IV. Background Information as Specified in s.48.57(3)(a) and 48.57(3)(b), Wisconsin Statutes

V. The county department or department's assessment of the safety of the Kinship Care relative's or long-term Kinship Care
Relative Caregiver Licensing Decision

Jenny Weber's Desktop

- Date Restricted
- Participant View
- View Not Approved/Cancelled

Cases (1)

- Badger, Bucky (8234525)
- Actions
- CPS Family - Initial Assessment 12/05/2009
- Weber, Jenny
- State Central Office
- 201 Camp Randall, Madison, WI 53701
- Access Reports
- Assets and Income
- Assignment
- Eligibility
- Legal
- Legal Documentation
- 091C39-Relative Caregiver Licensing Decision 04/20/2010
- Placements
- Related People

Providers (11)

Approved Applications

Licensing - Windows Internet Explorer provided by DHFS - State of Wisconsin

- Basic
  - Name: Provider, Auntie (0001234)
  - Completion Date: Pending
- Worker: Jenny Weber
- Designated County: Milwaukee

Application Activity

- Application Status: Initial
- Application Type: Foster Care
- Date Application Provided to Family: 01/01/2010
- Date Completed Application Received: 02/10/2010
- Decision: Create License
- Decision Date: 04/05/2010

Services

Options [Go] [Save] [Close]
Foster Home License

![License Holder Information](image1)

<table>
<thead>
<tr>
<th>Application Activity</th>
<th>License Information</th>
<th>Services</th>
<th>Exceptions/Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>License(s):</td>
<td>Provider: Auntie</td>
<td>Worker: Jenny Weber</td>
<td>Designated County: Milwaukee</td>
</tr>
<tr>
<td>C/O:</td>
<td></td>
<td>Status: Pending</td>
<td></td>
</tr>
<tr>
<td>Street:</td>
<td>555 Camp Randall Avenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Madison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County of Residence:</td>
<td>Dane</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>License Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type:</td>
<td>Foster Home - General License</td>
<td>Effective From: 01/06/2010</td>
<td>Effective To: 01/06/2012</td>
</tr>
<tr>
<td>Certification:</td>
<td>Level 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Except. / Waiver Required:</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Bed Capacity:</td>
<td>2</td>
<td>Preferred Age: 0 to 10</td>
<td>Preferred Gender: Male: 2 Female: 2</td>
</tr>
</tbody>
</table>

Foster Home License

![Service Information](image2)

| Licensed Services | | | |
|-------------------|------------------|------------------|
| **Category** | Type | Status |
| Foster Home - General License | Foster Home-Gen License 0-4 years old | In Active |
| Foster Home - General License | Foster Home-Gen License 5-11 years old | In Active |
| Foster Home - General License | Foster Home-Gen License 12-14 years old | In Active |
| Foster Home - General License | Foster Home-Gen License 15+ years old | In Active |
| Foster Home - Level 1 | Foster Home - Level 1 | In Active |

Options: Go
Foster Home License

[Image of a computer screen showing a web interface for Foster Home License]

Foster Home License

[Another image of a computer screen showing another web interface for Foster Home License]
Foster Home License

![Image 1](image1)

Foster Home License

![Image 2](image2)
Foster Home License

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence
DCF-F-CT50111 (R. 01/2010)

State of Wisconsin
Department of Children and Families
Foster Home License — Certification Level 2
Be it known that

Auntie Provider
555 Camp Randall Avenue
Madison, WI 53711

having been found to be in substantial compliance with Ch. DCF 56 of the Wisconsin Administrative Code, is licensed to conduct and maintain a foster home at the above address subject to the following provisions:

Number of children who may receive care at one time: 2
Sex of children who may receive care: Female: 2 Male: 2
Age of children who may receive care: 0 to 18
Other Provisions (specify):

This license is issued in compliance with Section 48.62 (1) (a) of the Wisconsin Statutes, and shall be in effect during the period from 04/06/2010 to 04/05/2012 unless earlier revoked by the issuing agency or by the Department of Children and Families for reasonable and just cause.

State of Wisconsin
Name of Issuing Agency
Authorized Signature
Foster Home License

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence
DCF-F-CS00111 (R. 01/2010)

Licensing Exceptions/Waivers
Licensing Agency

DCF Exceptions Panel
36.04(7) LICENSE PROHIBITION:

Foster Home License

[Image of a computer screen showing a foster care licensing application]
Foster Home License

Jenny Weber's Desktop

☑ Date Restricted ☐ Participant View ☐ View Not Approved/Cancelled

Tickers
Cases (1)

Providers (11)

Provider Auntie (8034080)  Actions
Foster Home 12/10/2009 Weber, Jenny Dane Des: Milwaukee License Status: Active-Regular
Assignments
Basic
Home Inquiries
Licenses
Foster Care - DCF 56
04/06/2010 04/05/2012 Active-Regular Milwaukee
Members
Parent Agency
Payment Requests
Placements
Provider Services

Training

Jenny Weber's Desktop

☑ Date Restricted ☐ Participant View ☐ View Not Approved/Cancelled

Tickers
Cases (1)

Providers (11)

Provider Auntie (8034080)  Actions
Foster Home 12/10/2009 Weber, Jenny Dane Des: Milwaukee License Status: Active-Regular
Test Parent A Click to Maintain Home Provider
Private Agency 03/25/2010 Weber, Jenny Dane
Training

Course Listing

Participant: Provider, Auntie
Course Description: Pre-Placement
Module: Module I
Offered By: agency
Start Date: 04/06/2010
Complete Date: 00:00/0000
Hrs Completed: 3.0
Narrative:
Training

Background Checks

Jenny Weber's Desktop

Ticklers
Cases (1)

Providers (11)

Provider, Auntie (8034080)  Actions
Foster Home  12/10/2009  Weber, Jenny  Dane  Des: Milwaukee  License Status: Active-Regular
Assignments  Basic  Home Inquiries  Licenses  Members

Provider, Auntie (9285306)  Active  F  Parent 1  03/04/1976

Parent Agency  Payment Requests
Placements  Provider Services
Background Checks

Background Checks

Background Checks

Background Checks

Participant Details
Name: Provider, Auntie (9266300)
Worker: Jenny Weber

Image Details
Date of Document: 12/16/2009
Effective To: 12/16/2013
Category: Background Check
Type: DOJ
File Name: Auntie Provider DOJ 12.16.09.doc
Comments:

Eligibility Verification

{ 58  }
Background Checks

Utilities > Background Check Search
Background Checks

[Image of a screenshot of a computer interface showing a search for foster home provider information with details such as provider name, date, and effective to date.]

Background Checks

[Image of a screenshot of a computer interface showing participant details and image details for a background check with categories, types, and file names.]
Background Checks

Closing the Open Out-of-Home Placement
Out-of-Home Care Placement Ending

### Service Ending - Webpage Dialog

**Child**
- Child: Badger, Daughter (82056314)
- Provider: Provider, Auntie (8034006)
- Case: Badger, Bucky (8234525)
- Service Begin: 12/05/2009

**Service Ending**
- End Date: 04/05/2010
- Ending Purpose: Placement Change within Placements
- End Reason: Provider Requested Change
- Is the End of This Child Placement a Discharge from All Placements? Yes

**Options**
- Actions
- Approval

---

### Service Ending - Webpage Dialog

**Out-of-Home Care Placement Ending**
Out-of-Home Placement
(Foster Home Options)

Foster Home – Level 1

- Paid Service
- Licensed Service

Foster Home – General License (age)

- Paid Service
- Licensed Service

Out-of-Home Placement
Create Case Work > Placement/Services > Out of Home Placement
Out-of-Home Placement (Level 2)
Clothing Allowance for Level 1

Create Case Work > Payment > Payment Request

Clothing Allowance for Level 1
Clothing Allowance for Level 1

Jenny Weber's Desktop

Cases (1)

- Badger, Bucky (8234525)
- Actions
  - CPS Family - Initial Assessment 04/28/2010
  - Weber, Jenny State Central Office 201 Camp Randall, Madison, WI 53701
  - Access Reports
  - Assets and Income
  - Assignment
  - Eligibility
  - Legal
  - Payment
    - Payment - FH Clothing Allowance 0-5 - Provider, Auntie (8054000)
      - Badger, Daughter 05/03/2010
      - Provider, Auntie (8054000) 05/04/2010 $283.00 Milwaukee

- Placements
- Related People
X. Appendix

The following memos are included in this packet and follow this page:

Numbered Memos:

- 2009 – 11 Levels of Care Foster Care Licensing Initiative

- 2010 – 05 Levels of Care Initiative – Applicability to Tribes

Informational Memos:

- DCF 2010 – 03 Levels of Care Foster Care Licensing Initiative

The following Levels of Care Documents are included in this Appendix and follow the memos:

- Levels of Care Description
- Levels of Care Levels I and II Overview
- Levels of Care Licensing Initiative
- Levels of Care Levels Conversion Overview
In response to Wisconsin's approved biennial budget, the Division of Safety and Permanence (DSP) has issued Emergency Administrative Rules to begin implementing the Levels of Care Initiative. The Emergency Rule, effective January 1, 2010, implements changes to DCF Chapter 56 “Foster Home Care for Children” and DCF Chapter 58 “Eligibility for the Kinship Care and Long-Term Kinship Care Program”. The Emergency Rule provisions are attached to this memo and the DSP will make available electronic copies incorporating the changes in the beginning of 2010. Changes have been made to the draft version used for trainings in November and December of 2009, therefore agencies should review the attached version of the Administrative Rule.

The provisions of DCF Ch. 56.14 “Foster Parent Training” are effective January 1, 2011 with the exception of county agencies that receive Title IV-E pass-through funding for foster parent training from the DSP. For those county agencies, the foster parent training requirements become effective immediately as agreed upon in the State-County contracts. The DSP is collaborating with the Wisconsin Child Welfare Training System to develop the infrastructure for foster parent training.

REGIONAL OFFICE CONTACT:
Area Administrator

CENTRAL OFFICE CONTACTS:
Jönelle Q. Brom
Out-of-Home Care Specialist
Bureau of Permanence and Out of Home Care
(608) 264-6933
Email: Jonelle.Brom@wisconsin.gov

Holly Telfer
Kinship Care Program Specialist
Bureau of Permanence and Out of Home Care
(608) 266-2464
Email: Holly.Telfer@wisconsin.gov

MEMO WEB SITE: http://dfc.wisconsin.gov/memos

Attachment: Emergency Rule – Foster Care and Kinship DCF 56 and 58 (PDF, 197 KB)

#memo/dsp/levels of care foster care initiative.doc
As provided in the biennial budget (2009 Wisconsin Act 28) and the promulgation of the Emergency Rules for Foster Care and Kinship Care, the Levels of Care Foster Care Licensing Initiative became effective January 1, 2010.

2009 Wisconsin Act 71 made additional changes to implement the Levels of Care initiative, specifically regarding changes to the requirements for a Kinship Care provider to receive payments through the Kinship Care program. The Act requires that, for a child placed in the home of a Kinship Care relative under a Wisconsin Statute Ch. 48 or 938 court order on or after January 1, 2010, in order for the Kinship Care Provider to receive Kinship Care payments, the Kinship Care provider must apply for a foster care license. If the provider is eligible for licensure, then the provider must become a licensed foster care provider or he or she will no longer receive payments. If the provider is ineligible for licensure, then the Kinship Care provider may continue to receive payments under the Kinship Care program if the appropriate Kinship Care agency recommends to the Ch. 48 or 938 court and that court orders that the child remain in the home. These requirements apply to Kinship Care providers court-ordered prior to January 1, 2010 as well, unless such provider refuses licensure or is ineligible for licensure, in which case the provider can still continue to receive payments under the Kinship Care program for the period of that placement.

Implementing these changes with the tribes raised questions about how changes to the Kinship Care program could be implemented by tribally-administered Kinship Care programs. Because the Levels of Care Initiative makes changes to both the Kinship Care program and foster care licensing so that both programs intersect, jurisdictional questions arose regarding the new initiative in the context of Indian child welfare.

The Division has concluded that the new requirements under Levels of Care do not apply to a child placed in the home of a Kinship Care relative under a tribal court order. The language in Act 71, by reference to the definition of a court in section 48.02(2), refers to Kinship Care cases under the order of a court with jurisdiction under Chapters 48 and 938. These are Ch. 48 or 938 state courts, not tribal courts. Therefore, when a tribal court places a child with a Kinship Care provider, that provider does not need to apply for foster care licensure in order to receive payments under the Kinship Care program. This applies to any tribal court-ordered Kinship Care placement, whether the provider lives on or off of tribal lands.

DOCUMENT SUMMARY

This memo outlines requirements under Levels of Care that do not apply to tribally-administered Kinship Care programs.
The new requirements under Act 71 still apply to all Ch. 48 or 938 state court ordered Kinship Care placements.

Questions and answers regarding this decision are attached to this numbered memo, and will be updated as more questions and answers are developed for future clarification.

REGIONAL OFFICE CONTACT: Area Administrator

CENTRAL OFFICE CONTACT: Jónelle Q. Brom
Bureau of Permanence and Out-of-Home Care
DSP/DCF
P.O. Box 8916, Madison, WI 53708-8916
Phone: 608-264-6933
E-Mail: jonelle.brom@wisconsin.gov

Julie Majerus, Policy Advisor
DCF/DSP
P.O. Box 8916, Madison, WI 53708-8916
Phone: 608-267-2073
E-Mail: julie.majerus@wi.gov

MEMO WEB SITE: http://dfc.wisconsin.gov/memos

Attachment: Questions and Answers (PDF)

#memo/dsp.2010/act 81.doc
DSP INFO MEMO 2010 - 03  March 11, 2010

STATE OF WISCONSIN
Department of Children and Families
Division of Safety and Permanence

To:  
Area Administrators/ Human Services Area Coordinators
    Bureau Directors
    Child Placing Agency Directors
    Child Welfare Agency Directors
    County Departments of Community Programs Directors
    County Departments of Developmental Disabilities Services Directors
    County Departments of Human Services Directors
    County Departments of Social Services Directors
    Group Home Providers
    Indian Child Welfare Directors
    Private Child Placing Agencies
    Residential Care Center Providers
    Section Chiefs/Licensing Chiefs
    Shelter Care Providers
    Tribal Chairpersons/Human Services Facilitators

From:  Cyrus A. Behroozi
Administrator

Re:  Levels of Care Foster Care Licensing Initiative

As provided in the biennial budget (2009 Wisconsin Act 28) and the promulgation of the Emergency Rules for Foster Care and Kinship Care, the Levels of Care Foster Care Licensing Initiative became effective January 1, 2010. As a result, the Division has created a number of tools to assist counties, tribes, and Child Placing Agencies with the changes to both the Foster Care and Kinship Care programs.

Forms and Publications
The following forms and publications have been created or updated to assist licensors across the state:

- Ch. DCF 56 "Foster Home Care for Children", DCF-P-PFS 131 - available for print order
- Ch. DCF 56 "Foster Home Care for Children", DCF-P-PFS 131A - (annotated) – online only
- Foster Care License – available for print order only
- Joint Foster Care and Kinship Care Application, (WORD) DCF-F-2483-E
- Joint Foster Care and Kinship Care Application, (PDF) DCF-F-2483-E
- Relative Caregiver Licensing Decision, (WORD) DCF-F-2479-E
- Becoming Licensed as a Foster Parent When Caring for a Family Member, DCF-P-4092

Each document is attached at the end of this memo.

Requesting Assistance with Conversion
The Division has created regional assistance for county agencies to request assistance in the conversion process for Court Ordered Kinship Care families seeking foster care licensure. The Scope of Work and Request Form are attached at the end of this document.

Technical Assistance
The Division is committed to continuing to provide technical assistance regarding the Levels of Care Foster Care Licensing Initiative and the changes to both the Foster Care and Kinship Care programs.
Webcasts
To this end, the Division will be hosting monthly webcasts regarding a specific topic related to the first phase of the initiative. Agency staff across the state will be able to view the webcasts from their office computers and submit questions prior to and during the webcasts. State staff involved in the webcasts will provide a brief presentation about the specific topic and spend a significant portion of time responding to questions received. The first webcast will focus on the court process. Other topics will be announced one week prior to the webcast based on questions received. The webcasts are scheduled as follows:
- March 25, 2010 (Court Process)
- April 7, 2010
- May 12, 2010
- June 16, 2010
- July 14, 2010

A new section has been added to the DCF website on the Foster Care page for the Levels of Care Initiative. Three days prior to each webcast, the URL and directions to participate in each webcast will be posted on this new page, under "Upcoming Trainings." Under this section you will also find the email address to submit questions prior to each webcast. The URL for the Levels of Care Initiative page is: http://dfc.wisconsin.gov/children/foster/levels_of_care/default.htm. Other resources pertaining to the initiative can be found here as well.

Ch. DCF 56 Trainings
In addition, two trainings on Ch. DCF 56 Administrative Rule are scheduled for April 6th, and April 19-20th. The two-day session is for individuals who have not completed a prior training and the one-day session is for those who have previously been trained. To sign up for the training contact the Southern Child Welfare Training Partnership: http://southernpartnership.wisc.edu/SoEventList.aspx?hkc=2

REGIONAL OFFICE CONTACT: Area Administrator
CENTRAL OFFICE CONTACT: Jönelle Q. Brom
Bureau of Permanence and Out-of-Home Care
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P.O. Box 8916
Madison, WI 53708-8916
Phone: 608-264-6933
E-Mail: jonelle.brom@wisconsin.gov

MEMO WEB SITE: http://dfc.wisconsin.gov/memos

Attachments:
Scope of Work for State Assistance
County Request for Assistance Levels of Care – Foster Care Licensing Initiative Court-Ordered Kinship Care Conversions DCF-F-2489-e (WORD)
County Request for Assistance Levels of Care – Foster Care Licensing Initiative Court-Ordered Kinship Care Conversions DCF-F-2489-e (PDF)

Infomemo/dsp/2010/level_of_care.doc
Joint Court Ordered Kinship Care and Foster Care Application

Use of form: Use of this form is voluntary; however its completion meets the requirements of s.48.57(3m) of the Wisconsin Statutes. This form may be used for all court ordered Kinship Care applicants pursuing Foster Care Licensure. Personally identifiable information collected on this form is confidential and will be used for identification and determination of eligibility for a payment only. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete the first page for each child that you are requesting Kinship Care reimbursement. The application includes space for two caregivers, in the case that you have additional caregiver applicants, you may attach additional sections. The agency will also provide forms for background checks required for both the Kinship Care and Foster Care programs. For more information or for assistance filling out this form, please contact the person who provided this form to you.

<table>
<thead>
<tr>
<th>I.  CHILD IN PROVIDER’S CARE (LICENSURE REQUEST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name – Child (Last, First, Mi)</td>
</tr>
<tr>
<td>Date of Court Order (mm/dd/yyyy)</td>
</tr>
<tr>
<td>☐ Yes ☐ No Does the child receive social security income (SSI) on his or her own behalf?</td>
</tr>
<tr>
<td>If “Yes”, he or she is ineligible for Kinship Care payment.</td>
</tr>
<tr>
<td>Ethnicity (Check at least one box and may check up to three boxes)</td>
</tr>
<tr>
<td>☐ White</td>
</tr>
<tr>
<td>Relationship to caregiver Date began living with caregiver (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Name – Parent 1 of Minor Relative Birthdate (mm/dd/yyyy) Telephone Number – Home</td>
</tr>
<tr>
<td>Address – Street City State Zip Code</td>
</tr>
<tr>
<td>Name – Parent 2 of Minor Relative Birthdate (mm/dd/yyyy) Telephone Number – Home</td>
</tr>
<tr>
<td>Address – Street City State Zip Code</td>
</tr>
</tbody>
</table>

DCF-F-2483-E (N. 03/2010)
II. CAREGIVER(S)

CAREGIVER 1 Name (Last, First, MI) □ Yes □ No Are you a Wisconsin resident? If "Yes", for how long?

<table>
<thead>
<tr>
<th>Telephone Number – Home</th>
<th>Telephone Number – Work</th>
<th>Telephone Number – Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No Are you a relative of the child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot;, specify relationship:</td>
<td></td>
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</tr>
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<thead>
<tr>
<th>Current Address – Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Mailing Address if Different Than Above</td>
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</table>

Previous Addresses for Last 5 Years (Including Out-of-State or Country)

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<tr>
<th>Address – Street</th>
<th>City</th>
<th>State</th>
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<td>City</td>
<td>State</td>
<td>Zip Code</td>
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<tr>
<th>Birthdate (mm/dd/yyyy)</th>
<th>Gender</th>
<th>Social Security Number</th>
<th>□ Yes □ No Hispanic or Latino / Latina</th>
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<td>□ Male □ Female</td>
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Ethnicity (Check at least one box and may check up to three boxes)

□ White □ Black / African-American □ American Indian / Alaskan Native □ Asian □ Native Hawaiian / Pacific Islander □ Other

Marital Status

□ Single – never married □ Married – living together □ Married – but separated □ Divorced □ Widowed

General Health Status

□ Yes □ No Do you have family medical insurance? If "Yes", provide the company name.

Describe your current health status and any conditions you receive or have received treatment for.

List current medications and reason for use.
List all hospitalizations, reasons, and dates.

---

Educational Level

Enter highest level of education attained.

- 01 to 11 Grade level completed in primary/secondary school. Enter last grade completed.
- 12 High school diploma, GED or National External Diploma Program
- 13 Awarded Associate's Degree
- 14 Awarded Bachelor's Degree
- 15 Awarded Graduate Degree (Master's or higher)
- 16 Other credentials (degree, certificate, diploma, etc.)
- 98 No formal education

---

Military Service

☐ Yes ☐ No Have you ever been in the military? If "Yes", which branch:

Date of Enlistment (mm/dd/yyyy) | Date of Discharge (mm/dd/yyyy) | Type of Discharge
---|---|---

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Current Employment Status

☐ Employed ☐ Unemployed ☐ Not in labor force (not looking for work, retired, disabled, etc.)

Occupation/job title:

Current employer:

Employer address (Street, City, State, Zip Code):

Date employment began (mm/dd/yyyy):

Duties:

☐ Yes ☐ No Do you have a retirement plan?

Working hours and days of week:

Employment History (Previous 10 years)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Duties</th>
<th>Dates of Employment</th>
<th>Reason for Leaving</th>
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Current Income (Include all sources of public assistance or social security)

Total Monthly income: $ __________

☐ Child Support: $ __________ ☐ Maintenance: $ __________ ☐ Unemployment: $ __________

☐ Adoption Assistance: $ __________ ☐ Kinship Care: $ __________

From which agency?

☐ SSI: $ __________ ☐ SSD: $ __________ ☐ SSA: $ __________

☐ Supplemental: $ __________
### Foster Care Licensing History

<table>
<thead>
<tr>
<th>Name of Licensing Agency</th>
<th>Type</th>
<th>Date of Application</th>
<th>Period of Licensure</th>
<th>Closing Reason</th>
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☐ Yes  ☐ No  Have you ever applied for or been granted a foster care or other child care license?

If "Yes", provide date, reason and revoked by which agency.

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<thead>
<tr>
<th>Name of Licensing Agency</th>
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☐ Yes  ☐ No  Have you ever had a license or certification revoked?

If "Yes", provide date, reason and revoked by which agency.

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☐ Yes  ☐ No  Have you ever applied for adoption?

If "Yes", please elaborate.
CAREGIVER 2 Name (Last, First, MI) □ Yes □ No Are you a Wisconsin resident? If "Yes", for how long?

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Birthdate (mm/dd/yyyy) Gender □ Male □ Female Social Security Number □ Yes □ No Hispanic or Latino / Latina

Ethnicity (Check at least one box and may check up to three boxes)

□ White □ Asian
□ Black / African-American □ Native Hawaiian / Pacific Islander
□ American Indian / Alaskan Native □ Other

Marital Status

□ Single – never married □ Divorced
□ Married – living together □ Widowed
□ Married – but separated

General Health Status

□ Yes □ No Do you have family medical insurance? If "Yes", provide the company name.

Describe your current health status and any conditions you receive or have received treatment for.

List current medications and reason for use.
List all hospitalizations, reasons, and dates.

Educational Level

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 to 11</td>
<td>Grade level completed in primary/secondary school. Enter last grade completed.</td>
</tr>
<tr>
<td>12</td>
<td>High school diploma, GED or National External Diploma Program</td>
</tr>
<tr>
<td>13</td>
<td>Awarded Associate's Degree</td>
</tr>
<tr>
<td>14</td>
<td>Awarded Bachelor's Degree</td>
</tr>
<tr>
<td>15</td>
<td>Awarded Graduate Degree (Master's or higher)</td>
</tr>
<tr>
<td>16</td>
<td>Other credentials (degree, certificate, diploma, etc.)</td>
</tr>
<tr>
<td>98</td>
<td>No formal education</td>
</tr>
</tbody>
</table>

Military Service

- [ ] Yes
- [ ] No

Have you ever been in the military? If "Yes", which branch:

<table>
<thead>
<tr>
<th>Date of Enlistment (mm/dd/yyyy)</th>
<th>Date of Discharge (mm/dd/yyyy)</th>
<th>Type of Discharge</th>
</tr>
</thead>
</table>

Current Employment Status

- [ ] Employed
- [ ] Unemployed
- [ ] Not in labor force (not looking for work, retired, disabled, etc.)

Occupation/job title:

Current employer:

Employer address (Street, City, State, Zip Code):

Date employment began (mm/dd/yyyy):

Duties:

- [ ] Yes
- [ ] No

Do you have a retirement plan?

Working hours and days of week:

Employment History (Previous 10 years)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Duties</th>
<th>Dates of Employment</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Current Income (Include all sources of public assistance or social security)

- [ ] Child Support: $ __________
- [ ] Maintenance: $ __________
- [ ] Unemployment: $ __________
- [ ] Adoption Assistance: $ __________
- [ ] Kinship Care: $ __________

From which agency? ____________________________

- [ ] SSI: $ __________
- [ ] SSD: $ __________
- [ ] SSA: $ __________
- [ ] Supplemental: $ __________
### Foster Care Licensing History

<table>
<thead>
<tr>
<th>Name of Licensing Agency</th>
<th>Type</th>
<th>Date of Application</th>
<th>Period of Licensure</th>
<th>Closing Reason</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- [ ] Yes  [ ] No  Have you ever applied for or been granted a foster care or other child care license?

- [ ] Yes  [ ] No  Have you ever had a license or certification revoked?
If "Yes", provide date, reason and revoked by which agency.

- [ ] Yes  [ ] No  Have you ever applied for adoption?
If "Yes", please elaborate.
### III. HOUSEHOLD (Other non-caregiving adults and children)

List ALL of your biological and / or adopted children whether they live in your home or not.

<table>
<thead>
<tr>
<th>Name - Last, First, MI (print)</th>
<th>Age</th>
<th>Gender</th>
<th>Birthdate (mm/dd/yr)</th>
<th>Lives In Home</th>
<th>For Those Living in the Home List Any / Health Conditions and Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M/F</td>
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<td>M/F</td>
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<td>M/F</td>
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<td>M/F</td>
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<td>M/F</td>
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<tr>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the names and information of ALL OTHER individuals living in your home.
☐ Check if no additional people live in your home.

<table>
<thead>
<tr>
<th>Name - Last, First, MI (print)</th>
<th>Age</th>
<th>Gender</th>
<th>Birthdate (mm/dd/yr)</th>
<th>Social Security Number</th>
<th>WI Driver's License OR State ID No. (If 18 or older)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M/F</td>
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<td>M/F</td>
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<td>M/F</td>
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<td></td>
<td></td>
<td>M/F</td>
<td></td>
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</tr>
</tbody>
</table>

☐ Yes  ☐ No  Do you have any pets?
If "Yes", what type and how many?
☐ Yes  ☐ No  Is the animal(s) up-to-date on vaccinations?

### IV. FINANCIAL

☐ Yes  ☐ No  Do you have homeowner's or renter's insurance?
If "Yes", provide company name and policy number.

<table>
<thead>
<tr>
<th>Household Monthly Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Heat and utilities</td>
<td>$</td>
</tr>
<tr>
<td>Groceries</td>
<td>$</td>
</tr>
<tr>
<td>Recreation / entertainment</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Installment purchases</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
</tr>
<tr>
<td>Charitable contributions</td>
<td>$</td>
</tr>
<tr>
<td>Insurance premiums</td>
<td>$</td>
</tr>
<tr>
<td>Medical / dental</td>
<td>$</td>
</tr>
<tr>
<td>Household expenses</td>
<td>$</td>
</tr>
<tr>
<td>Education expenses</td>
<td>$</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>
V. DESCRIPTION OF CURRENT RESIDENCE

<table>
<thead>
<tr>
<th>Age of Home</th>
<th>Square Footage</th>
<th>Number of Bedrooms</th>
<th>Number of Bathrooms</th>
<th>Total Number of Rooms</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Square Footage of Foster Youth Bedroom</th>
<th>Type of Home (House, apartment, duplex, mobile, town home)</th>
</tr>
</thead>
</table>

Type of Plumbing / Septic

- Yes  No  Plumbing / septic up to code?

Type of Electrical

- Yes  No  Electrical up to code?

Type of Heating / Air Conditioning

- Yes  No  Heating / air conditioning up to code?

List any repairs that are needed to the home.

---

List any internal hazards (fireplaces, staircases, etc.).

---

List any external hazards (lakes, rivers, busy street, railroad tracks, etc.).

---

List any farm machinery, outbuilding, outside pool or other hazardous machinery.

---

List any firearms or other weapons in the home. Specify how they and any ammunition are stored.
VI. EMPLOYEES OF CAREGIVER RELATIVE WHO WOULD HAVE REGULAR CONTACT WITH CHILD

<table>
<thead>
<tr>
<th>1. Name</th>
<th>Birthdate (mm/dd/yyyy)</th>
<th>Telephone Number – Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>□ Yes □ No Wisconsin resident? If “Yes”, for how long?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Name</th>
<th>Birthdate (mm/dd/yyyy)</th>
<th>Telephone Number – Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>□ Yes □ No Wisconsin resident? If “Yes”, for how long?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Name</th>
<th>Birthdate (mm/dd/yyyy)</th>
<th>Telephone Number – Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>□ Yes □ No Wisconsin resident? If “Yes”, for how long?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VII. CONFINIRMATION

I, the undersigned Caregiver, attest to the following:

- Neither I, any other adult resident of this household nor any employee who would have regular contact with the minor relative identified above, have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
- I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
- I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves my home.
- I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
- I will cooperate with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.

If someone other than the applicant(s) has assisted in completing this form, by signing below you acknowledge that it is exactly as stated by applicant(s).

<table>
<thead>
<tr>
<th>SIGNATURE – Person Other Than Applicant(s) That Assisted In Completing Form</th>
<th>Relationship to Applicant(s)</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

I attest that the information provided above is truthful and accurate to the best of my knowledge.

<table>
<thead>
<tr>
<th>SIGNATURE – Caregiver 1</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE – Caregiver 2</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE – Caregiver 3</th>
<th>Date Signed</th>
</tr>
</thead>
</table>
Relative Caregiver Licensing Decision

Use of form: Completion of this form is voluntary; however, its completion complies with the information to be provided to the court as required in s. 48.57(3m)(ap)(3), 48.57(3n)(ap)(3), Wisconsin Statutes or Ch. DCF 58.055 Admin. Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

<table>
<thead>
<tr>
<th>I. Child Information</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Form Completed</td>
<td>Name – Agency</td>
<td></td>
</tr>
<tr>
<td>Name – Child (Last, First, MI)</td>
<td>Birthdate – Child</td>
<td>Court Case Number</td>
</tr>
<tr>
<td>eWisACWIS Case Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Relative Caregiver Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>eWisACWIS Provider Number</td>
<td></td>
</tr>
<tr>
<td>Name – Relative Caregiver 1 (Last, First, MI)</td>
<td></td>
</tr>
<tr>
<td>Name – Relative Caregiver 2 (Last, First, MI)</td>
<td></td>
</tr>
<tr>
<td>Address – (Street, City, State, Zip Code)</td>
<td></td>
</tr>
</tbody>
</table>

III. Licensing Decision

Choose one below.
- [ ] Denied
- [ ] Deemed unlicensable
- [ ] Refusal of foster care licensure (only applicable to providers approved for Kinship Care prior to 1/1/2010)

IV. Background Information as Specified in s. 48.57(3m) and 48.57(3n), Wisconsin Statutes

V. The county department or department’s assessment of the safety of the Kinship Care relative’s or long-term Kinship Care relative’s home and the ability of the Kinship Care or long-term Kinship Care relative to care for the child.

VI. Agency Making the Licensing Determination

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<thead>
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<tbody>
<tr>
<td>Name – Agency</td>
<td></td>
<td></td>
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<tr>
<td>Address – Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name – Licensing Worker</td>
<td>SIGNATURE – Licensing Worker</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Name – Licensing Worker</td>
<td>SIGNATURE – Licensing Worker</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>

VII. Recommendation of the county department or department as to the continued placement of the child in the home of the Kinship Care relative or long-term Kinship Care relative.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name – Caseworker</td>
<td>SIGNATURE – Caseworker</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Name – Supervisor</td>
<td>SIGNATURE – Supervisor</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>
reserved for "child-specific placements" only. For relative caregivers, this means you are licensed to care for your specific relative, but not any other foster children. There are fewer requirements and you need to do only 6 hours of training. Level 1 providers receive $215 per month ($220 after January 1, 2011).

All foster parents certified as Level 1 providers will have the opportunity to move up to a Level 2 certification, which offers a higher monthly payment that is based on the age and needs of the child in care. You will need an additional 30 hours of training, as well as 10 hours of training each year to keep your license.

There are additional certifications for foster parents who are licensed as treatment foster homes. They care for children with special behavioral, mental, or physical health care needs.

The licensing agency will work with you to try to remove any barriers you may have to becoming a licensed foster parent.

If a relative caregiver is unable to be licensed as a foster parent, there may be an opportunity to continue as a court-ordered relative caregiver (and receive the Kinship Care payments) if the child welfare agency recommends and the court orders the placement to continue.

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact the Division of Safety and Permanence at (608) 266-8787. For civil rights questions call (608) 266-5335 or (866) 864-4585 TTY (Toll Free).

A copy of the current DCF 56 Foster Care Licensing code can be found at: http://dfc.wisconsin.gov/publications/pdf/dfc_p_pfs0131.pdf.

Becoming Licensed as a Foster Parent
When Caring for a Family Member

State of Wisconsin
Department of Children and Families
Division of Safety and Permanence

DCF-P-4092 (N. 03/2010)
The Department of Children and Families promotes the connections of relatives to children placed in foster care. We appreciate family and want to ensure they are supported in their important role by child welfare agencies.

Keeping family connections benefits children by creating stability, improving reunification, and preserving the cultural connections for children in foster care.

In Wisconsin, child welfare agencies are licensing all qualified relative caregivers as foster parents. Recent legal changes have made foster care licensing requirements more flexible for relatives.

Benefits of Fostering

There are several benefits to becoming a foster parent in Wisconsin. These include:

- Recognition as an essential part of the foster care team.
- You may likely get benefits for both you and the child you have taken in. Some such benefits include: healthcare coverage, WIC, child care assistance, food stamps, free school lunch, and others.
- An initial clothing allowance when the child is first placed in care.
- You may request respite for the child in your care. Respite care is care that is provided for 48 hours or more, or another timeframe arranged with the agencies approval.
- You may get paid back for damages or injuries caused by a child placed with you that are not fully covered by private insurance policies through the Foster Parent Insurance Program.
- The right to appeal decisions made about your home and decisions to remove the child after the child has been in the foster home for 6 months.
- The ability to truly make a difference in the life of a child!

Foster Care Licensing

The Levels of Care project became effective on January 1, 2010. The child welfare agency will explain the process to you. For current Kinship Care providers receiving payments, child welfare agencies have until the Annual Renewal date to begin the licensing process. The county agency or the Bureau of Milwaukee Child Welfare will work with all current Kinship Care providers to complete the foster care licensing process. Kinship Care payments will continue during the foster care licensing process. Providers who meet all of the foster care licensing requirements will be licensed as a foster parent.

Laws have changed to allow foster parents to be certified at different levels based on their training and experience. Level 1 certification is
Scope of Work
State Staff Assistance
Levels of Care Foster Care Licensing Initiative

State staff may assist counties in the conversion of court ordered Kinship Care families in the transition to the Levels of Care Foster Care Licensing. The participation of the state staff will be limited to the staff time available in each of the three adoption regions. State staff that may be available include State Permanency Consultants (SPC) and State Licensing Liaisons.

Priority of Graduated Foster Care Licensing assignments will be determined by the following criteria:

- Kinship homes located out of the responsible county or Tribal geographic location.
- Kinship homes in counties when the number of homes that need to be licensed, under the Levels of Care Foster Care Licensing Initiative exceeds the capacity of county staff to complete.

County or Tribal staff will be responsible to partner in this initiative and complete the following activities:

1. Complete an application to the DSP requesting assistance.
2. Complete a referral packet, forward to the assigned State staff, and give a secondary assignment the State staff member to the case in e-wisacwis.
3. Complete the necessary e-WiSACWIS data entry and issue the license, following the completion of the study and positive licensing recommendation from the State staff.

The State staff member will complete any of the following activities as requested:

1. Provide an information packet and receive a completed application from the prospective foster family.
2. Conduct an interview with the applicant and ascertain their interest in pursuing foster care licensing.
3. Complete the Foster Care Licensing checklist.
4. Review the background checks and references as appropriate.
5. Review the questionnaires and meet with the prospective family as necessary to gather information to complete the Resource Family Assessment (RFA).
6. Following the completion of the RFA, finalize the home study documentation.
7. Make a licensing recommendation to the appropriate county or tribe following the licensing process.
**County Request for Assistance**
Levels of Care – Foster Care Licensing Initiative
Court-Ordered Kinship Care Conversions

**Use of form:** Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

<table>
<thead>
<tr>
<th>Name of County</th>
<th>Date Form Completed (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name – County Contact</td>
<td>Telephone Number – County Contact</td>
</tr>
<tr>
<td>Email Address – County Contact</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Request (Check all that apply)**

- [ ] Court ordered Kinship homes located out of the county
  - Total number of homes: __________
- [ ] Court ordered Kinship home licensing request exceeds county capacity
  - Total number of homes: __________

**Type of Assistance Requested (Check all that apply)**

- [ ] Conduct an interview with the Kinship provider and ascertain their interest in pursuing licensing.
- [ ] Provide an information packet and receive a completed application from the prospective family.
- [ ] Complete the Foster Care Licensing checklist.
- [ ] Review the background checks, Adam Walsh fingerprinting, and references as appropriate.
- [ ] Review the questionnaires and meet with the prospective family as necessary to gather information to complete the Resource Family Assessment (RFA).
- [ ] Following the completion of the RFA, finalize the home study document.
- [ ] Recommend a licensing decision to the appropriate county regarding the findings of the licensing process.

**Provide the following information for each request for assistance**

<table>
<thead>
<tr>
<th>Name – Kinship Care Relative</th>
<th>eWISACWIS Provider Number</th>
<th>Address – Kinship Care Relative</th>
<th>Date – Kinship Care Annual Renewal (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Submit requests to the department within 5 days of placement or 45 days prior to the annual renewal date to:

**ATTN:** Tammyara LeMay  
Department of Children and Families  
Division of Safety and Permanence  
P.O. Box 8916  
Madison, WI 53708-8916
Levels of Care Description

Foster Care Licensing Standard
1. Background Checks
2. Physical Plant Checks
3. Assessment Process
4. Designated Non-Safety Related Regulations that may be Waived for Licensed Relatives

A Child Assessment tool will be used to determine what level of care a child needs to be placed at or type of service provision to support a placement at a lower assessed level.

At each certification level, there are additional criteria and requirements for agencies and providers. For agencies, the certification levels will determine how supports and services are provided to the foster family. For providers, certification will look at their experience coming into the system, their training acquired while fostering and ongoing training requirements, recommendations for levels of certification, and skills, abilities, competence, and capacities as a foster parent.
# Levels of Care Level I and Level II Overview

<table>
<thead>
<tr>
<th>Foster Care Licensing</th>
<th>Level I</th>
<th>Level II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Level</td>
<td><strong>Level I</strong></td>
<td><strong>Level II</strong></td>
</tr>
<tr>
<td>Correlation to Current System</td>
<td>Child-Specific Homes</td>
<td>Current DCF 56 Foster Care, including child-specific licenses</td>
</tr>
<tr>
<td>Eligible for kinship care payment during licensure</td>
<td>Only relatives who meet current kinship care eligibility during licensing process</td>
<td></td>
</tr>
<tr>
<td>Base Foster Care Licensing Code</td>
<td>* Must meet 56.01-56.12</td>
<td>* Relatives may be granted Non-Safety Related Waivers</td>
</tr>
<tr>
<td>Basic Foster Care Maintenance Rate</td>
<td>$215 payment</td>
<td>Age-related payments</td>
</tr>
<tr>
<td>Supplemental or Exceptional Payments</td>
<td>Does not qualify</td>
<td>Qualifies given a child’s specific needs</td>
</tr>
<tr>
<td>Clothing Allowance</td>
<td>Qualifies if the child meets the criteria</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification Level</th>
<th>Level I</th>
<th>Level II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Level</td>
<td><strong>Level I</strong></td>
<td><strong>Level II</strong></td>
</tr>
<tr>
<td>References</td>
<td>* None</td>
<td>* 3 positive references from non-related individuals</td>
</tr>
<tr>
<td>Training Requirements</td>
<td>* 6 hours of preplacement training within 6 months of licensure</td>
<td>* 6 hours preplacement prior to placement of a child or within 6 months of licensure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* 30 hours foundation training within initial licensure period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* 10 hours ongoing training in each 12-month period of licensure subsequent to initial licensure period</td>
</tr>
</tbody>
</table>

11.25.09
Levels of Care Licensing Initiative

1/1/2010

Licensing Period:
Up to Four Months, but no longer than 60 days from the receipt of a Complete Application.

Court-Ordered Kinship Care Payment allowable for relatives meeting Kinship Care Eligibility during the licensing process.

Licensed Foster Home, Certified Level 1 or 2, payment continues

Licensable, chooses not to be licensed, placement continues, any payment determined by DCF Ch. 58.066 Admin. Rule

Not Licensable as Foster Home, placement continues. Court review at 6 month Permanency Plan review, if Court continues placement. Court-Ordered Kinship Care payments can continue as long as the family remains eligible

Not Licensable as Foster Home, does not want to go through court or agency decides placement no longer appropriate, placement discontinued

Continue status quo...if the family seeks reimbursement they will need to meet either eligibility for the Kinship Care program or Foster Care as stated above

Continue status quo...
Levels of Care Conversion Overview

<table>
<thead>
<tr>
<th>If...</th>
<th>Then:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Court-Ordered Kinship Care</strong></td>
<td><strong>Kinship Care</strong></td>
</tr>
<tr>
<td>A provider is a Court-Ordered Kinship Care provider prior to January 1, 2010...</td>
<td>That provider will have to go through the Foster Care licensing process, starting no later than their annual renewal date in 2010.</td>
</tr>
<tr>
<td>A current Court-Ordered Kinship Care provider is licensable under Foster Care licensing code...</td>
<td>That provider will be licensed as a Foster Home and will be certified as a Level I or Level II provider.</td>
</tr>
<tr>
<td>A current Court-Ordered Kinship Care provider is licensable under Foster Care licensing code, but chooses not to be licensed...</td>
<td>The placement in that provider’s home may continue if the licensing agency approves, and the provider will not receive a payment unless they go through the process outlined in DCF Ch. 58.066 Admin. Rule.</td>
</tr>
<tr>
<td>A current Court-Ordered Kinship Care provider is not licensable under Foster Care licensing code, but the agency feels the placement is in the best interests of the child...</td>
<td>The next Permanency Plan Review must be a court hearing, and the agency can request that the court continue the placement despite the provider not being licensable as a foster home.</td>
</tr>
<tr>
<td>• If the court continues the above placement...</td>
<td>That provider will continue to receive Kinship Care payments for the duration of that child’s placement as long as the family remains eligible for Kinship Care.</td>
</tr>
<tr>
<td>A current Court-Ordered Kinship Care provider is not licensable under Foster Care licensing code and does not want to go through the court process or the agency determines that the placement is no longer appropriate...</td>
<td>The placement will be discontinued.</td>
</tr>
</tbody>
</table>

**Voluntary Kinship that converts to Court-Ordered Kinship after 1/1/10**

| A current Voluntary Kinship Care placement becomes a Court-Ordered Kinship Care placement after 1/1/10... | That provider will have to go through the Foster Care licensing process, starting at the point at which the placement becomes a Court-Ordered Kinship Care placement. |
| • The above Voluntary Kinship provider is licensable under Foster Care licensing code... | That provider will be licensed as a Foster Home and will be certified as a Level I or Level II provider. |
| • The above Voluntary Kinship provider is licensable under Foster Care licensing code, but chooses not to be licensed... | The placement in that provider’s home may continue if the licensing agency approves, but the provider will not receive a payment. |
| • The above Voluntary Kinship provider is not licensable under Foster Care licensing code, but the agency feels the placement is in the best interests of the child... | The next Permanency Plan Review must be a court hearing, and the agency can request that the court continue the placement despite the provider not being licensable as a foster home. |
| • If the court continues the above placement... | That provider will continue to receive Kinship Care payments for the duration of that child’s placement as long as the family remains eligible for Kinship Care. |
| • The above Voluntary Kinship provider is not licensable under Foster Care licensing code and does not want to go through the court process or the agency determines that the placement is no longer appropriate... | The placement will be discontinued. |

**Court-Ordered Unlicensed Relative**

| A current provider is a Court-Ordered Unlicensed Relative provider who does not receive a payment... | Nothing will change for this provider unless the provider wishes to be paid, in which case the provider will need to go through the steps outlined above for foster care licensure. |

**Voluntary Kinship Care**

| A current provider is a Voluntary Kinship Care provider and remains so after 1/1/10... | Nothing will change for this provider. |

* Under this system, there will always be a time-limited Court-Ordered Kinship Care program for an indefinite period of time. New Court-Ordered Kinship Care cases may occur with the agency’s approval and the court’s agreement.  
* The licensing agency will have 4 months to license a provider, with the caveat that a licensing decision must be made within 60 days of receipt of a completed application, regardless of when in the 4 month span that occurs.  
* If a family is eligible for Kinship Care, they can receive a Kinship Care payment during the 4 month licensing period.