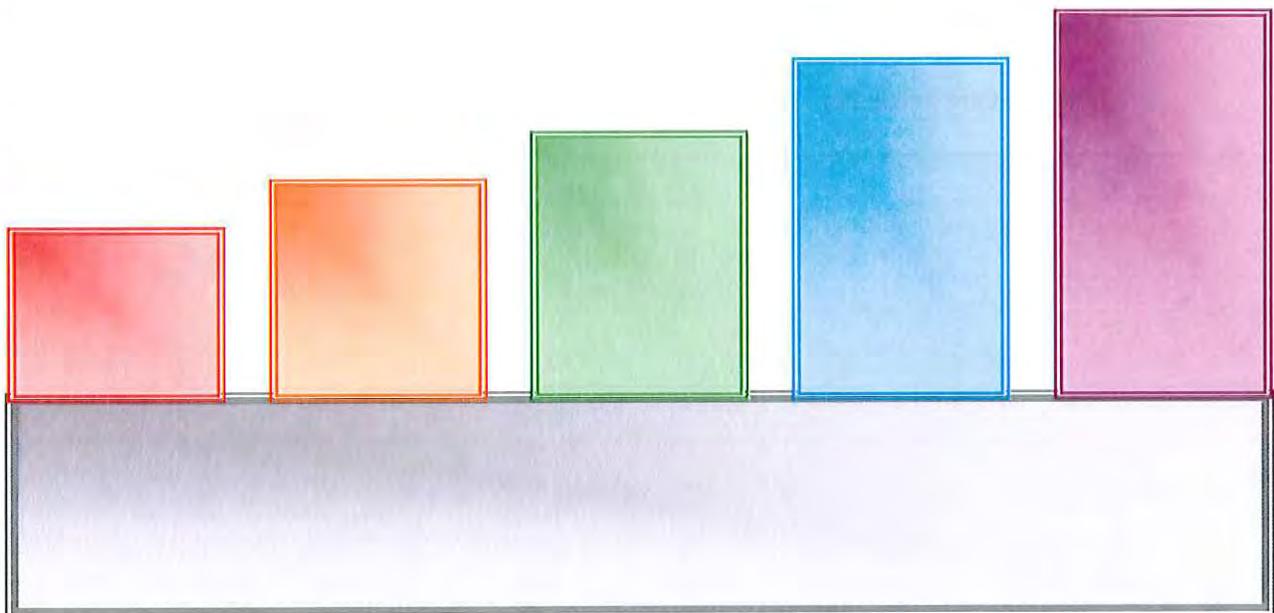


# Levels of Care Reference Guide



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## 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:

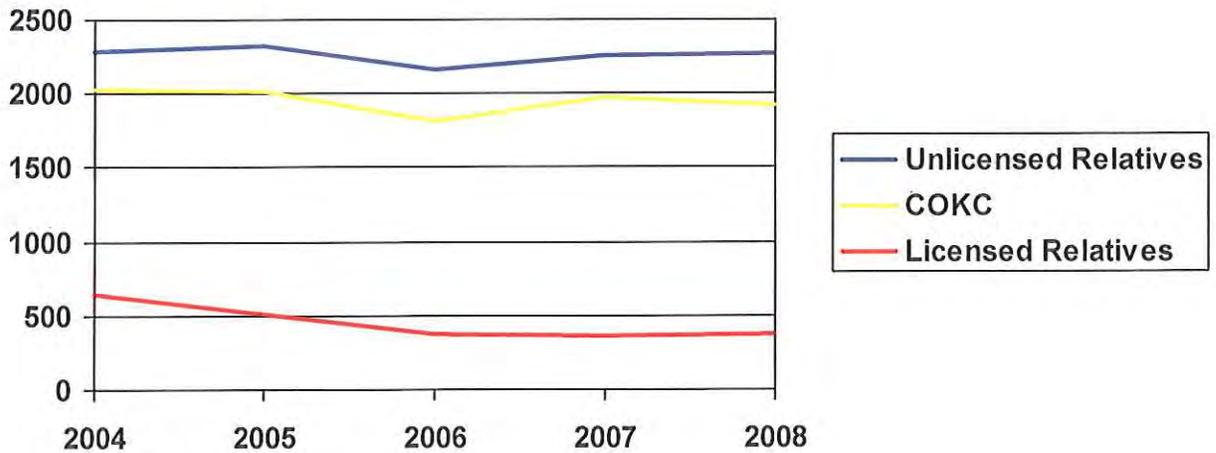
#### Systemic Factors

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

#### Performance Standards

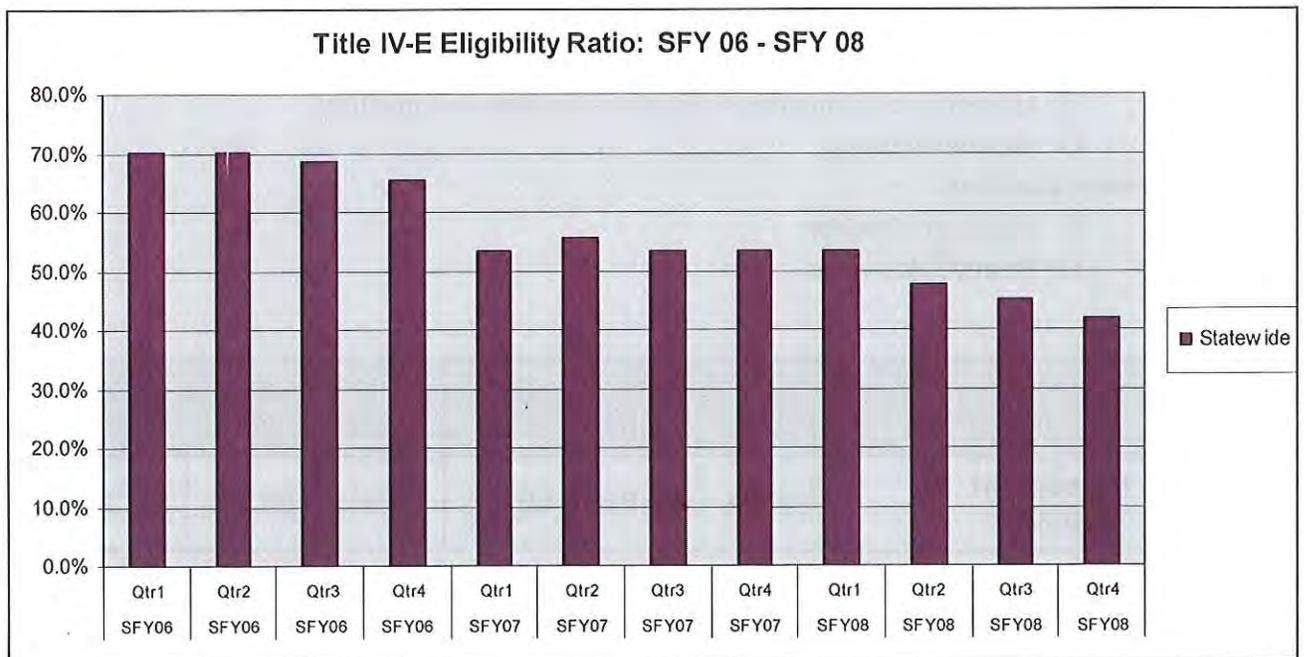
- Placement Stability
- Relative Placement

	CY 2002	CY 2003	CY 2004	CY 2005	CY 2006	FYY* 2007
<b>Placement Stability</b>	92.3%	92.6%	89.7%	88.9%	88.3%	86.2%



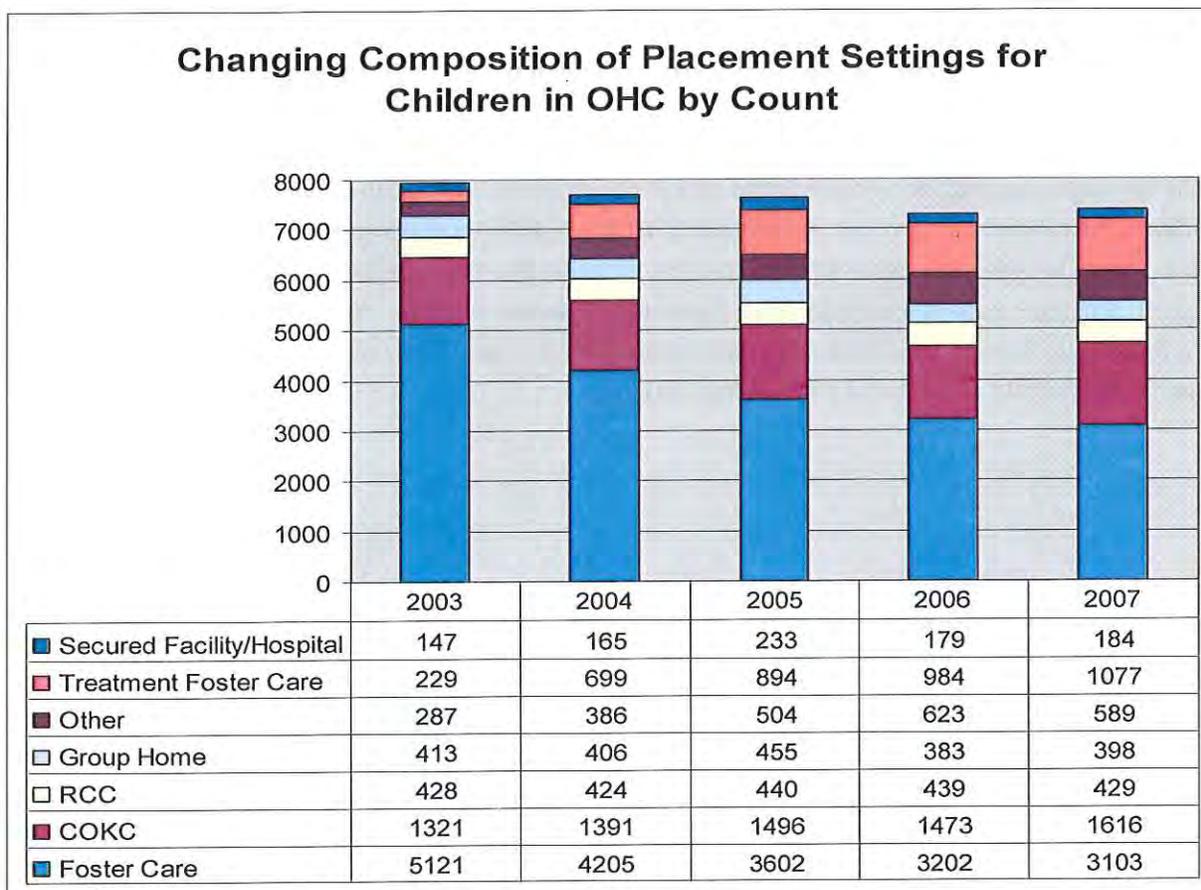
The results of the 2003 CFSR and the expected results of the 2010 CFSR confirm the need for DCF to continue to work on improvements to how relative caregivers are provided services and supports, how all foster parents are trained, and how improved matching of children with the providers that care for 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 ewisacwis 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 reimburseable 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**



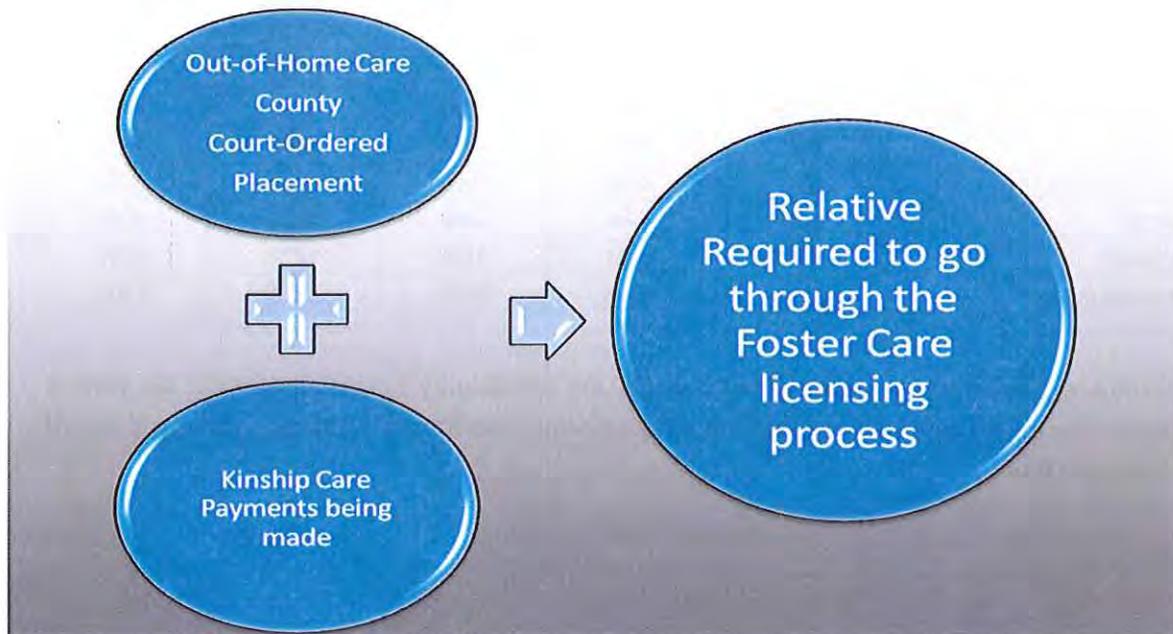
As you can see, placements in Treatment Foster Care are significantly increasing over the last several years while there is no data showing that the children being placed have significantly changed over this short period of time.

## 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 BMCW.*

*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.

Tribal Court-Ordered Placement	County Circuit Court-Ordered Placement
<ul style="list-style-type: none"> <li>▪ Tribal Court jurisdiction and Tribal COKC— provider is <i>exempt</i> from the Foster Care licensing process since DCF has no authority over tribal courts and cannot require a tribe to license a provider.</li> <li>▪ It does not matter whether the provider lives on or off the reservation.</li> <li>▪ <i>Described in DCF Memo Series 2010-05: <a href="http://dcf.wisconsin.gov/memos/num_memos/DSP/2010/2010-05.pdf">http://dcf.wisconsin.gov/memos/num_memos/DSP/2010/2010-05.pdf</a> link to memo</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Circuit Court-Ordered Placement, receiving COKC payments from the county, follows the process just discussed.</li> <li>▪ It does not matter whether the provider lives on or off the reservation.</li> <li>▪ If on-reservation, county should notify tribe.</li> </ul>

**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.

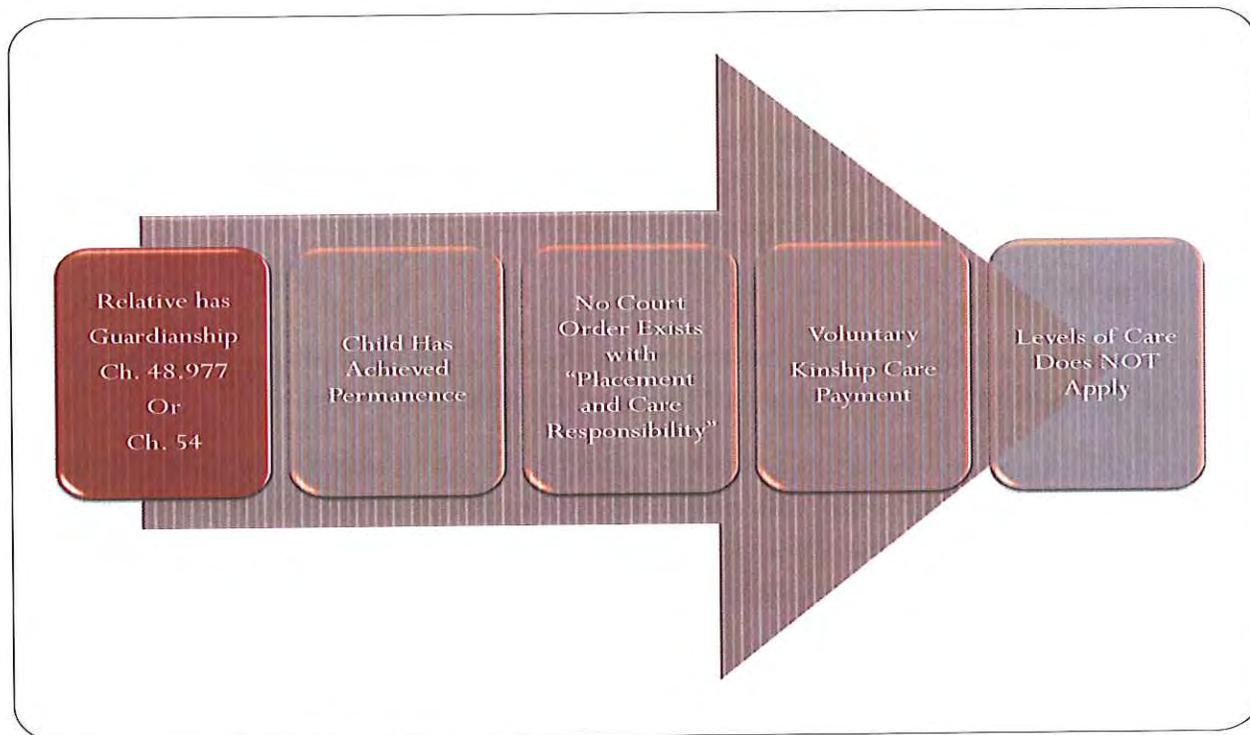
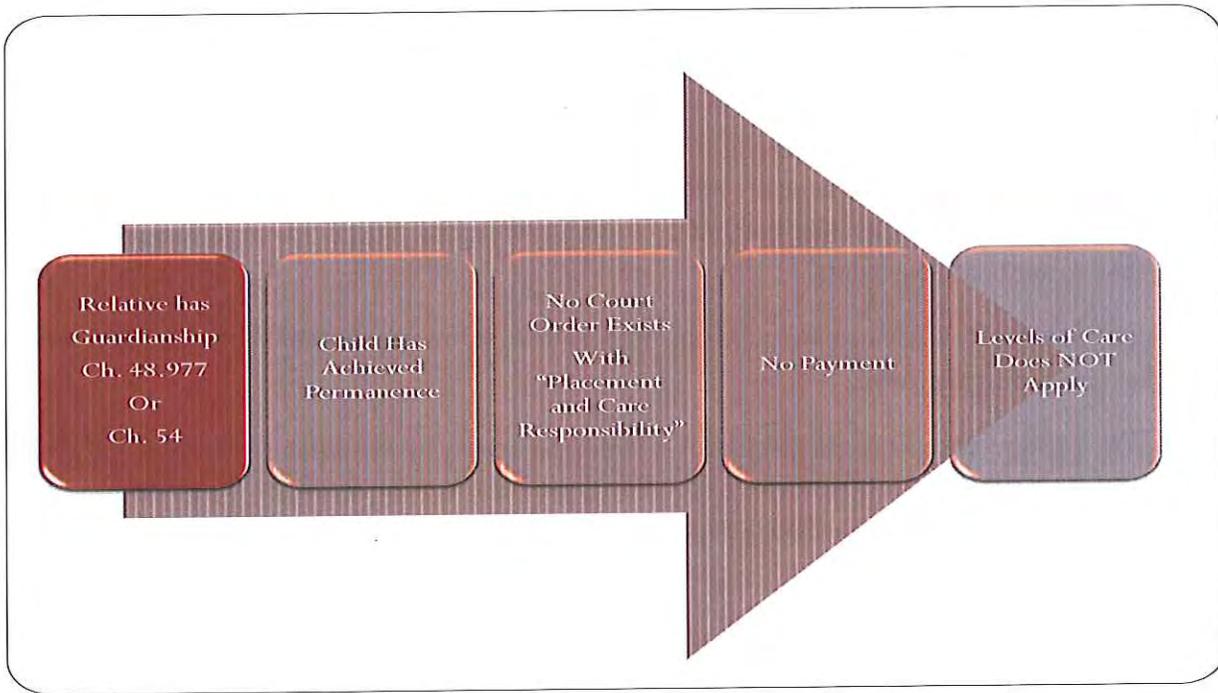
The request must ask the sending state to submit a request to convert the placement from Kinship to Foster Care. The agency shall ask for a new financial/medical plan and the form 100A request for conversion. The request shall indicate that if the resource is licensed, the sending state will then be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

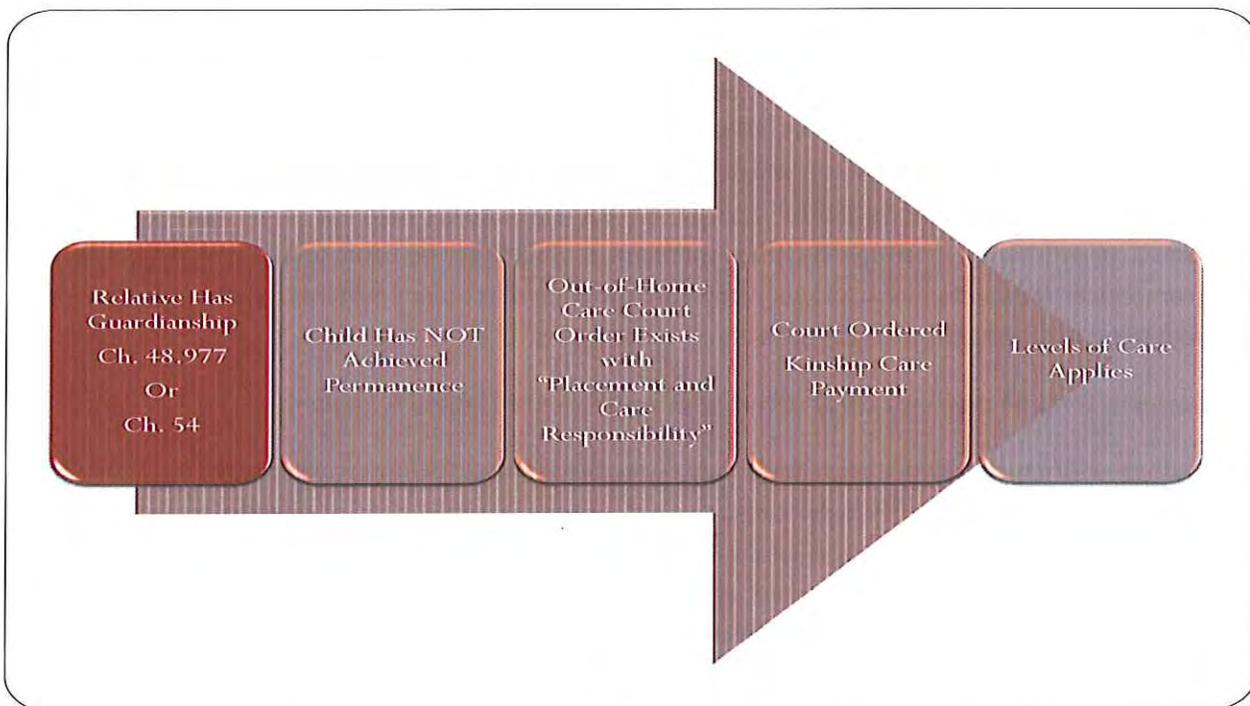
For cases in which WI is providing Kinship Care for another states placement, the payment is made as a service, not as a placement in ewisacwis since the sending state enters the child's placement in their sacwis system and reports the child's placement to the federal government.

### ***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.

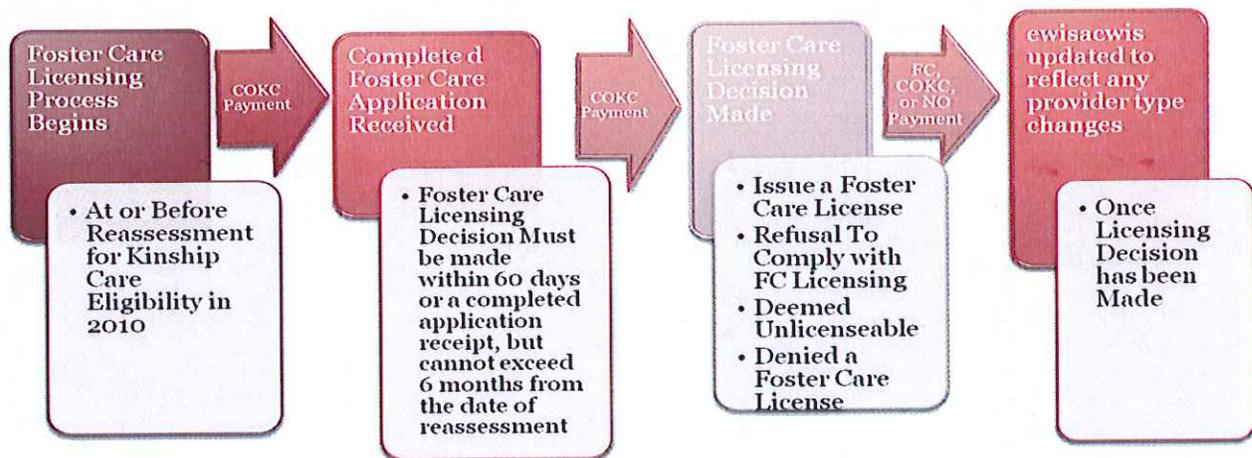
#### IV. Timelines

Type of Case	COKC Cases Approved Prior to 1/1/2010	COKC Cases Approved After 1/1/2010
Code Citation for Requirement	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)."	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.
Timeframe App. And Decision	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.	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.
Payments	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.	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.

Type of Case	COKC Cases Approved Prior to 1/1/2010	COKC Cases Approved After 1/1/2010
Exceptions to Allowing COKC payments to Continue	Section DCF 58.066(2), Adm. Code, <i>Exception</i> : 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.	<p>Section DCF 58.065(3) allows COKC payments to continue if all of the following are met:</p> <p>COKC denied or otherwise determined ineligible for licensure,</p> <p>Agency continues to recommend placement,</p> <p>Agency submits relative caregiver licensing form to court for consideration at next perm. plan hearing,</p> <p>Court continues the placement, and</p> <p>The COKC provider continues to meet Kinship Care eligibility requirements.</p>

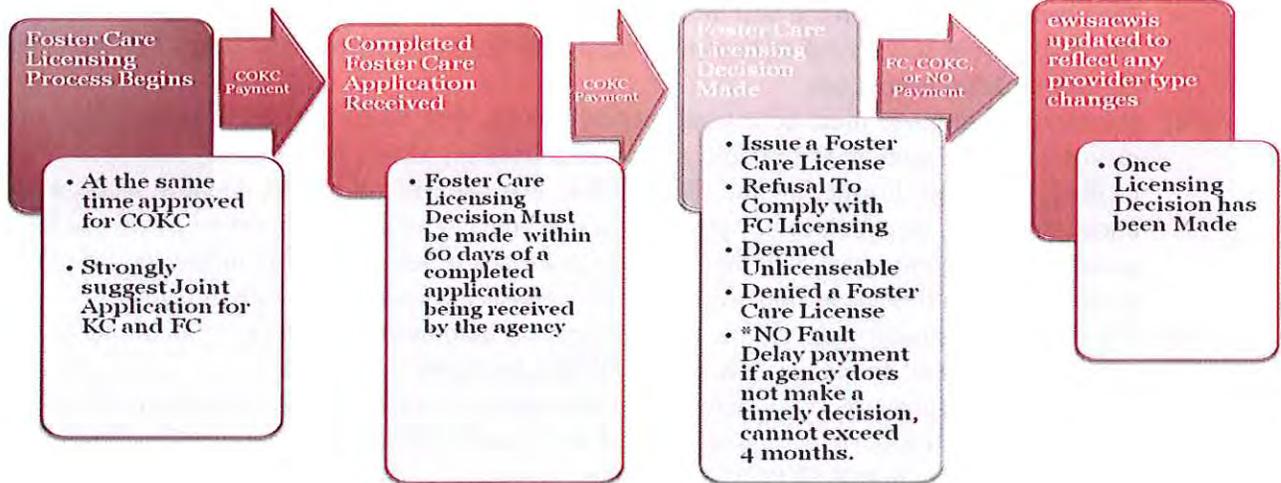
Now let's look at each type those before and after 1/1/2010 to see how the process flows...

COKC Cases  
Approved Prior to 1/1/2010  
**TOTAL TIME CANNOT EXCEED 6 Months**



COKC Cases  
Approved After 1/1/2010

**TOTAL TIME CANNOT EXCEED 4 MONTHS**



## 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, stepbrother, 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 ewisacwis 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 unlicensable** 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?**

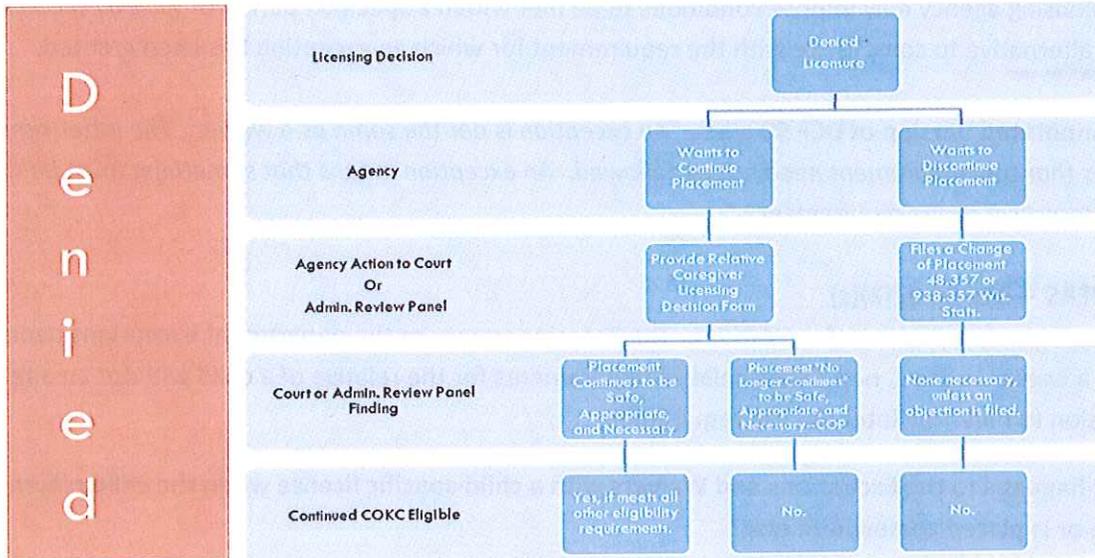
When a child returns home or is placed somewhere else, a condition of a child-specific license no longer exists, (the specific child no longer being in need of their care) therefore, the license is no longer effective and shall close, *unless...*A licensee with a child-specific license meets foster care 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.

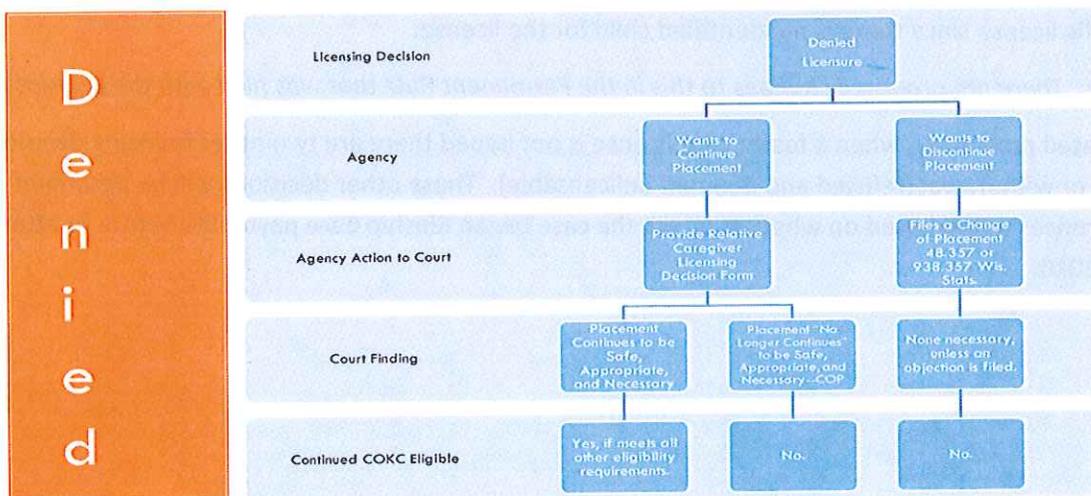
*NOTE: There are proposed changes to this in the Permanent Rule that was filed with the Legislature.*

As stated previously, when a foster care license is not issued there are two other licensing decisions, deny or withdrawal (refused and deemed unlicensable). 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.

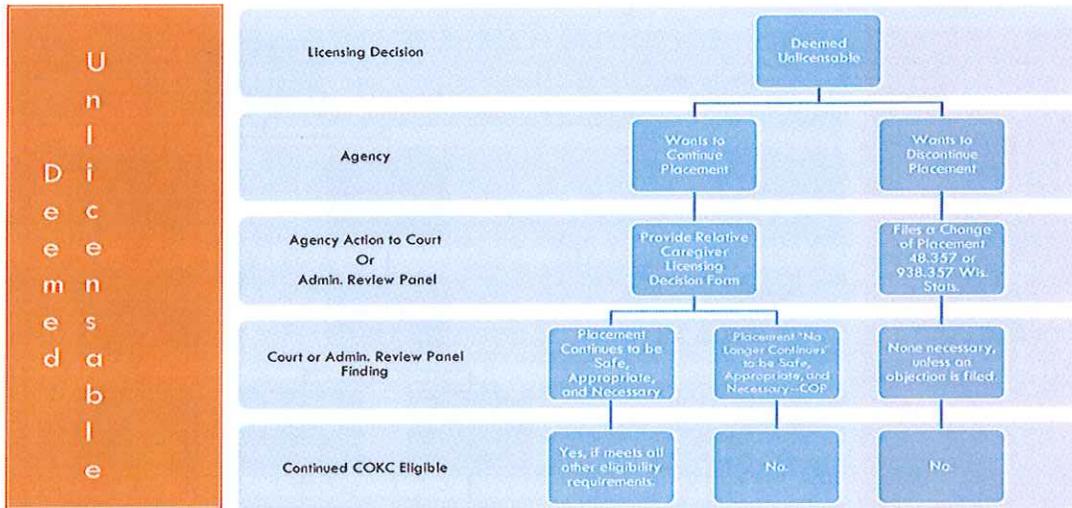
## COKC - Approved Prior to 1/1/2010



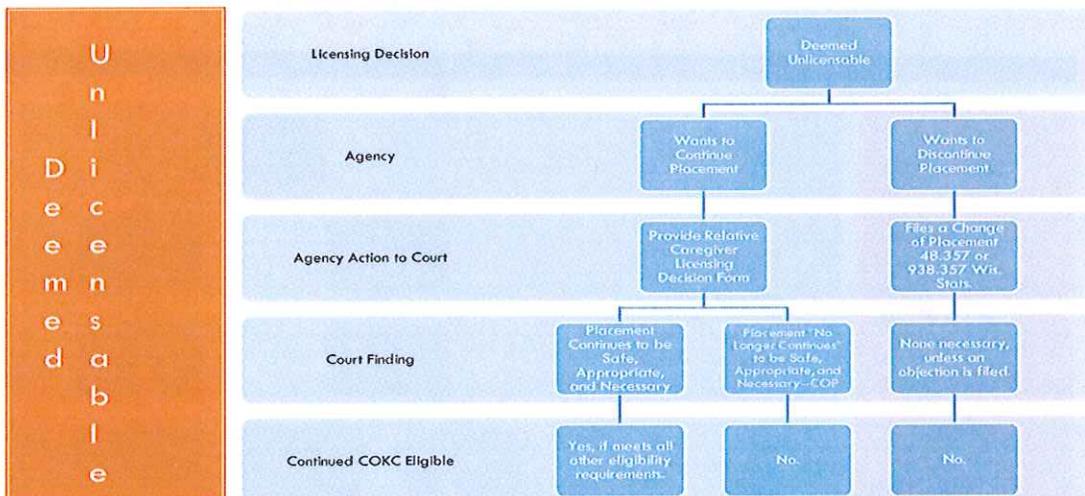
## COKC - Approved After 1/1/2010



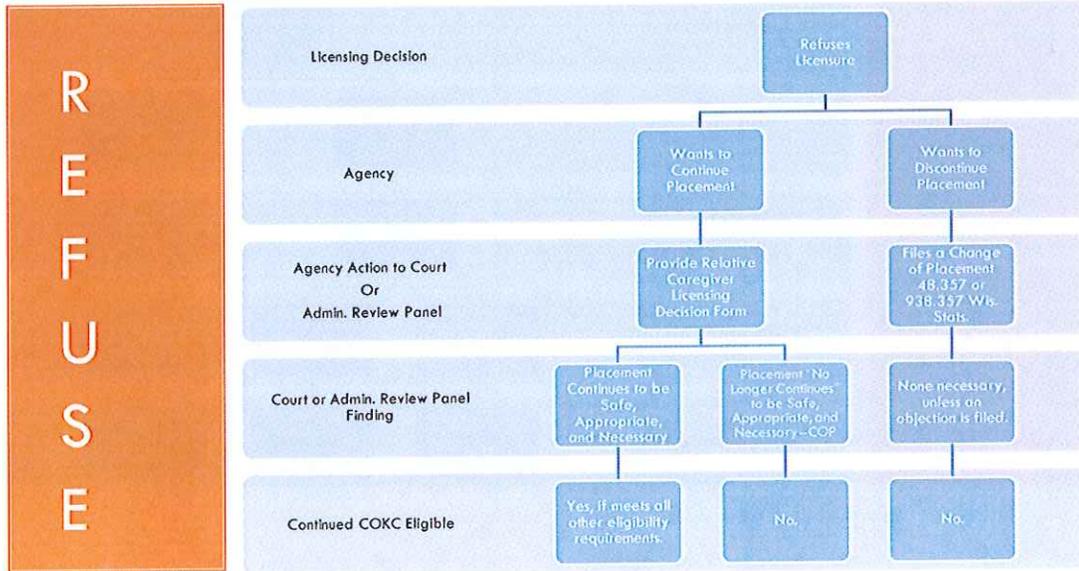
## COKC Case – Approved Prior to 1/1/2010



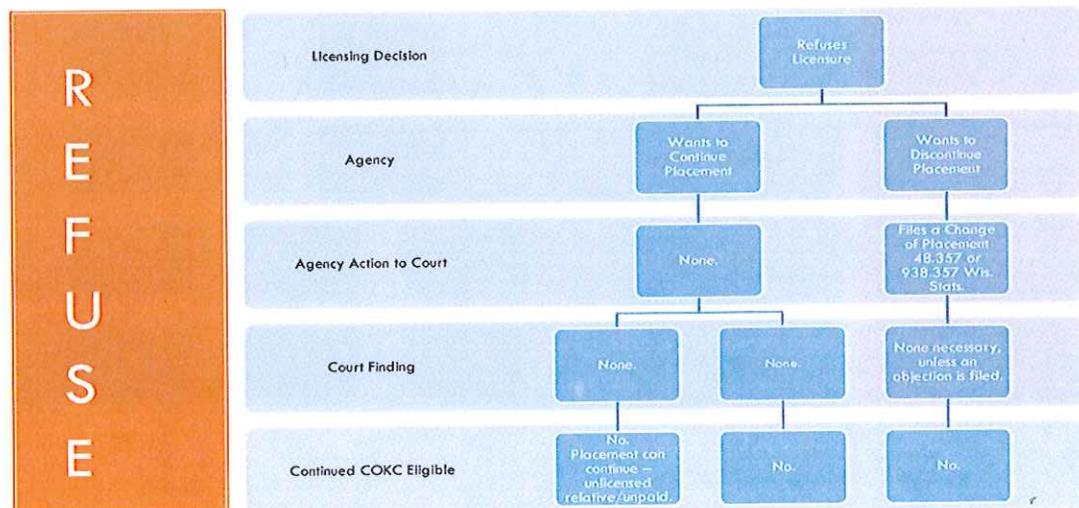
## COKC Case – Approved After 1/1/2010



# COKC Case – Approved Prior to 1/1/2010



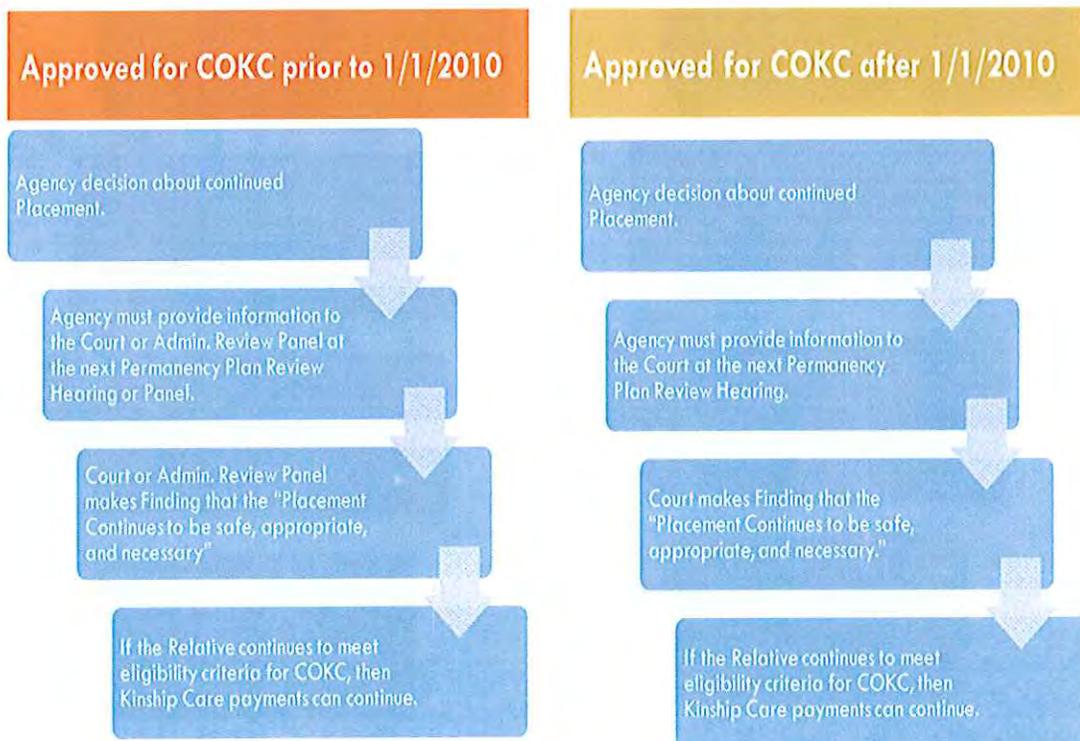
# COKC Case – Approved After 1/1/2010



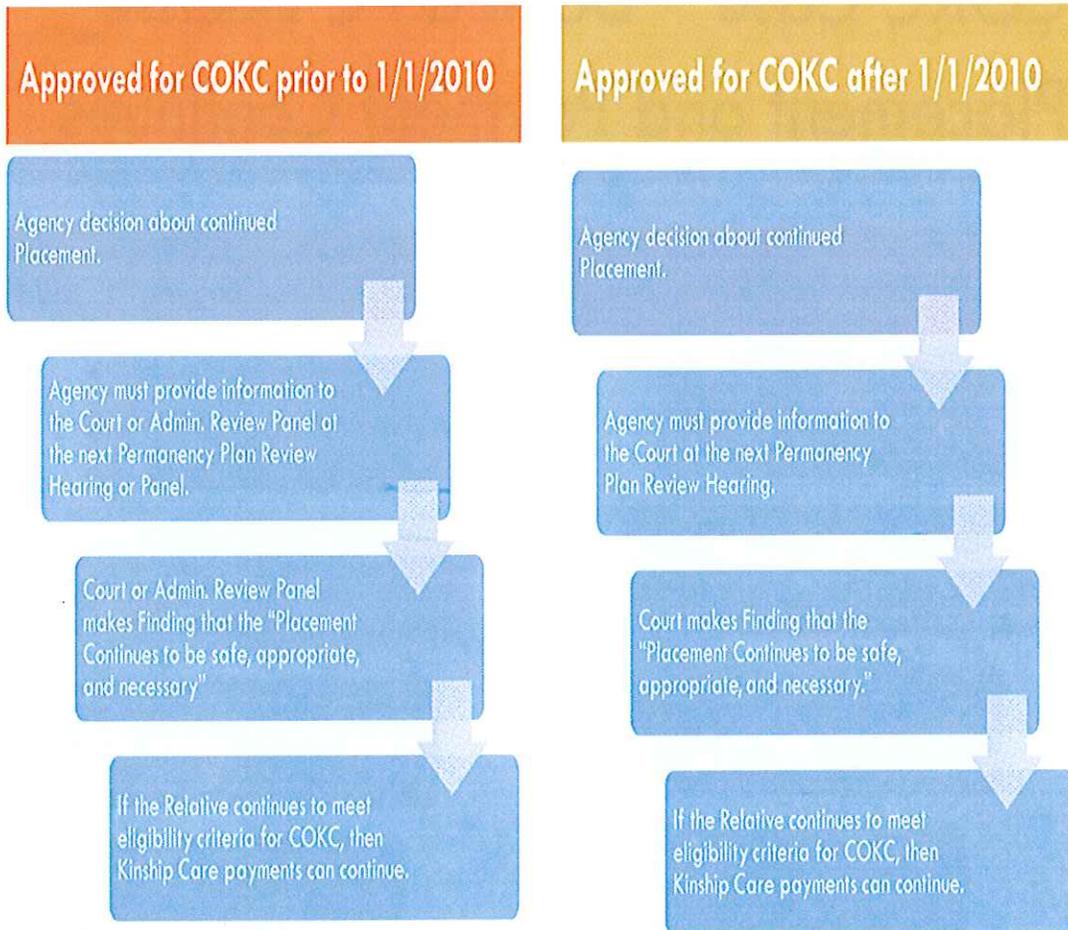
## VII. The Court Process

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.

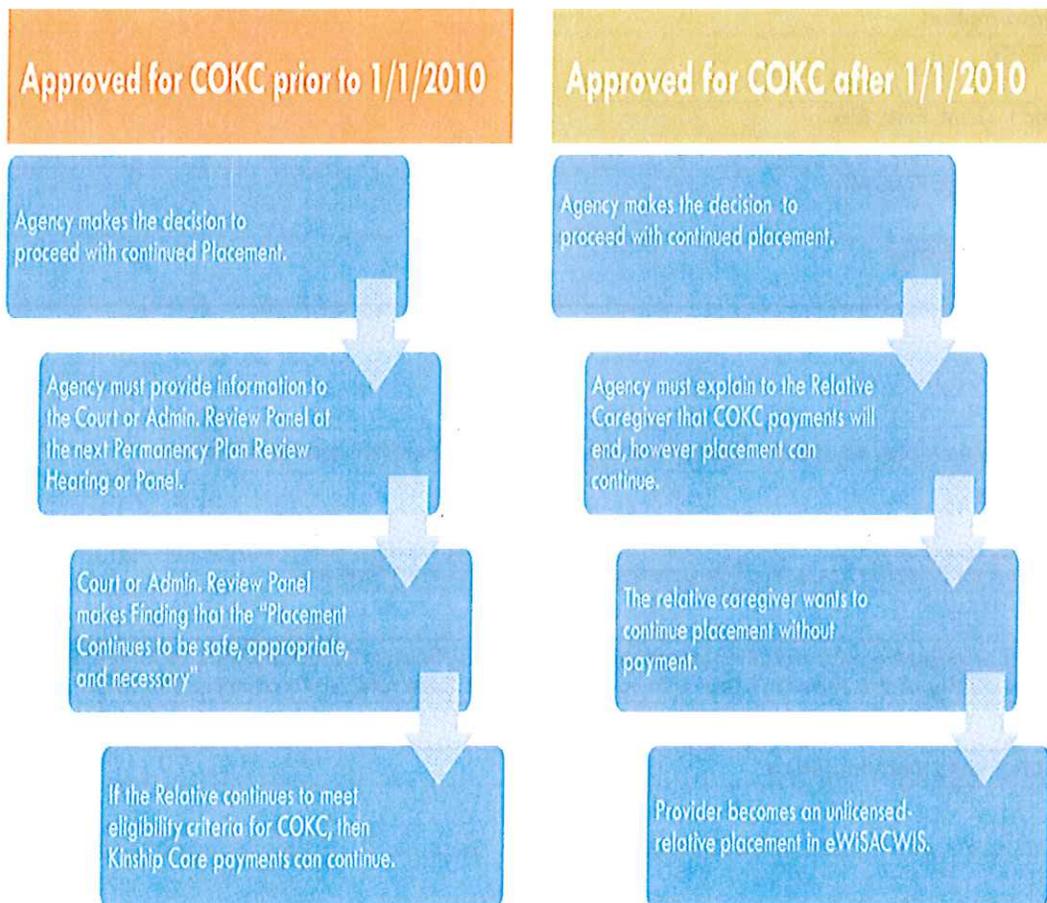
# COKC Case – Denied FC License Placement and Payment Continues



# COKC Case – Deemed Unlicensable Placement and Payment Continues



# COKC Case – Refusal of Licensing Process Placement Continues...



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. Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

### I. Child Information

Date Form Completed	Name – Agency		
Name – Child (Last, First, MI)	Birthdate – Child	Court Case Number	
eWISACWIS Case Number			

### II. Relative Caregiver Information

eWISACWIS Provider Number
Name – Relative Caregiver 1 (Last, First, MI)
Name – Relative Caregiver 2 (Last, First, MI)
Address – (Street, City, State, Zip Code)

### 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)

Explanation 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.

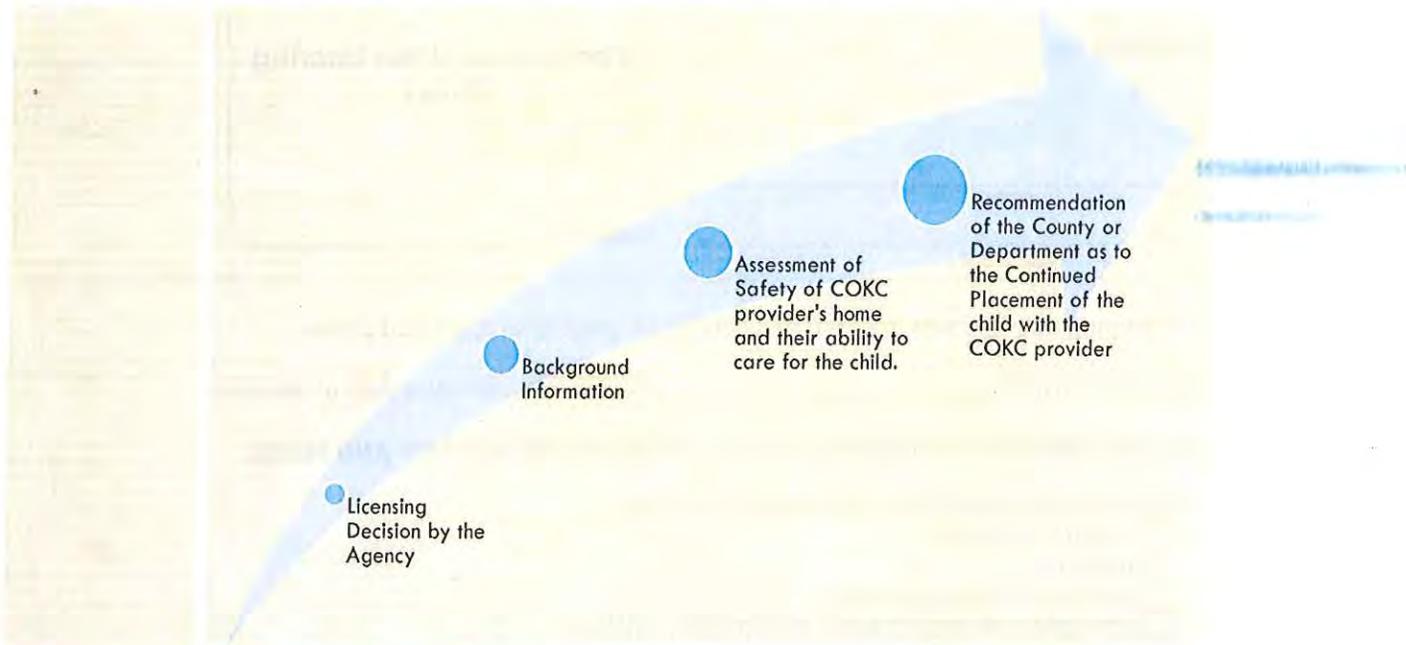
### VI. Agency Making the Licensing Determination

Name – Agency		
Address – Agency		
Name – Licensing Worker	SIGNATURE – Licensing Worker	Date Signed
Name – Licensing Worker	SIGNATURE – Licensing Worker	Date Signed

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.

Name – Caseworker	SIGNATURE – Caseworker	Date Signed
Name – Supervisor	SIGNATURE – Supervisor	Date Signed

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(3m)(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.

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:

Table with 3 columns: Category, complied with, not complied with. Rows include agency, service provider, mother, father, child/juvenile, child/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:

Table with 3 columns: Category, complied with, not complied with. Rows include agency, service provider, mother, father, child/juvenile, child/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. Parents/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?

Ch. DCF  
58.065 (3)  
And  
58.066 (2)  
Admin. Code

- 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

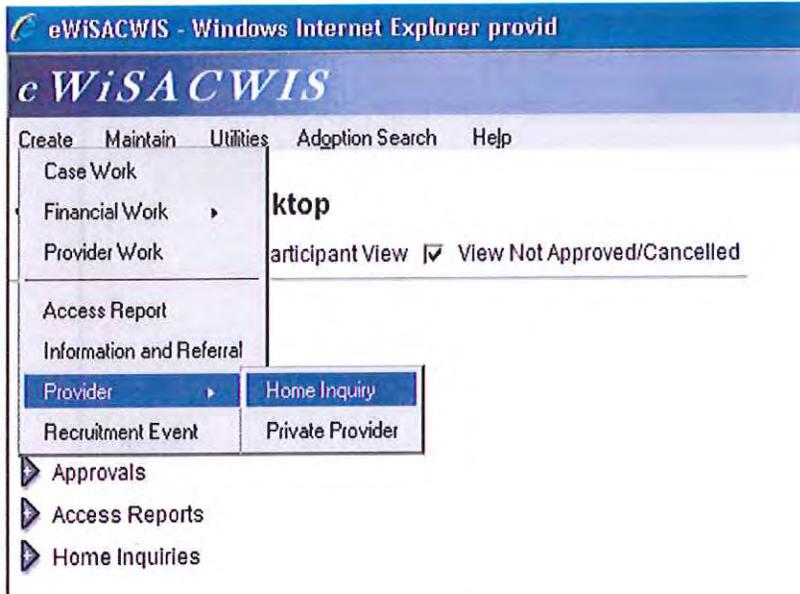
The Department of Children and Families encourages agencies to work with their court system in implementing the changes described with their court system. Discussion topics to consider in court and agency collaboration have been developed with the Director of State Courts office and are provided below.

### 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.

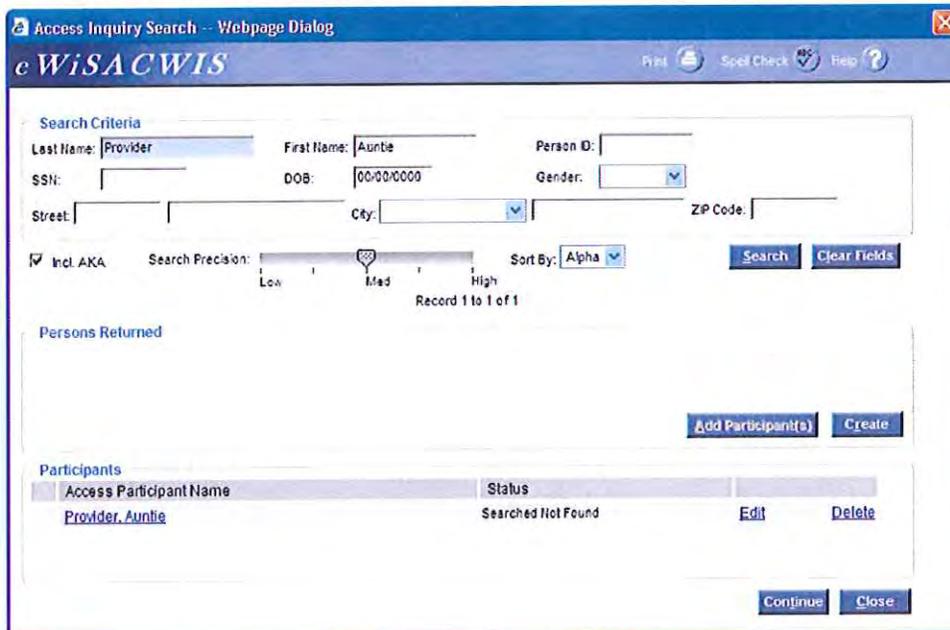
## Creating a Provider Record

Create > Provider > Home Inquiry



## Creating a Provider Record

Search for Provider's Name



# Creating a Provider Record

Add Role for each Member

The screenshot shows the 'Home Inquiry' window for 'eWISACWIS'. The 'Basic' tab is active, displaying the following information:

- Family Name: Provider, Auntie
- Date: 04/29/2010
- Inq ID: 8050134
- Supervisor Status: Pending

Name	Gender	DOB	Race	Role
Provider, Auntie	Female	03/04/1976	White	Parent 1

Buttons at the bottom include 'Add/Edit', 'Save', and 'Close'.

# Creating a Provider Record

Select Marital Status, Inquiry Type, and Referral Source(s)

The screenshot shows the 'Home Inquiry' window for 'eWISACWIS' with the 'Basic' tab selected. The 'Family Name' is 'Provider, Auntie'. The form is divided into several sections:

- Home Information:** Parent 1: Provider, Auntie; Parent 2: (blank). Address: 123 Street, Madison, WI 53701, Dane County, United States. Marital Status: Single Female. Language: English.
- Inquiry Information:** Parent Agency: (blank). Inquiry Type: Kinship Care. Referral Source(s): Self. Description: (blank).
- Worker/Committee:** Name: Jenny Weber. Status:  AcceptScreen In,  NotAcceptScreen Out,  Pending. Reason: (blank).
- Supervisor/Committee:** Name: Jenny Weber. Status:  AcceptScreen In,  NotAcceptScreen Out,  Pending. Reason: (blank).

Buttons at the bottom include 'Options', 'Go', 'Save', and 'Close'.

# Creating a Provider Record

## Referral Source(s)

Referral Source(s)

Select	Referral Source
<input type="checkbox"/>	Adoption Informational Meeting
<input type="checkbox"/>	Bus Tab/Poster
<input type="checkbox"/>	Business/Company
<input type="checkbox"/>	Church
<input type="checkbox"/>	County Fair
<input type="checkbox"/>	Employer Contact/Groups
<input type="checkbox"/>	Event Based
<input type="checkbox"/>	Foster Home Study Request
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Hospital/Medical
<input type="checkbox"/>	Job Fair
<input type="checkbox"/>	Knows Adoptive Parent
<input type="checkbox"/>	Knows Foster Parent
<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Newspaper Advertisement
<input type="checkbox"/>	Newspaper Press Release/Feature Story
<input type="checkbox"/>	Orientation
<input type="checkbox"/>	Other Agencies
<input type="checkbox"/>	Other Counseling Agency
<input type="checkbox"/>	Other County
<input type="checkbox"/>	Other/Documented in Text
<input type="checkbox"/>	Previous Adoptive Parent
<input type="checkbox"/>	Previous Foster Parent
<input type="checkbox"/>	Radio
<input type="checkbox"/>	Radio Advertisement
<input type="checkbox"/>	Radio Talk Show
<input type="checkbox"/>	Regional Office
<input type="checkbox"/>	School Contacts/Groups
<input type="checkbox"/>	School/Educational
<input type="checkbox"/>	Self
<input type="checkbox"/>	Statewide Marketing Effort
<input type="checkbox"/>	Television
<input type="checkbox"/>	Television Advertisement
<input type="checkbox"/>	Television Talk Show
<input type="checkbox"/>	Volunteers

Continue Close

# Creating a Provider Record

## Screening Decision

Home Inquiry

Basic

Family Name: Provider, Auntie Date: 04/29/2010 Inq ID: 6050134 Supervisor Status: Pending

Member Basic

Home Information

Parent 1: Provider, Auntie Parent 2:

C/O: Street: 123 Street Apt: City: Madison State: WI Zip: 53701 County of Residence: Dane Country: United States

Home: Ext: Work Ext: Language: English

Marital Status: Single Female

Inquiry Information

Parent Agency: Search

Inquiry Type: Kinship Care

Referral Source(s): Self Select

Description:

Worker/Committee

Name: Jenny Weber

Accept/Screen In  Not Accept/Screen Out  Pending

Reason:

Supervisor/Committee

Name: Jenny Weber

Accept/Screen In  Not Accept/Screen Out  Pending

Reason:

Options: Go Save Close

# Creating a Provider Record

## Provider Record Created

Home Provider -- Webpage Dialog

**eWISACWIS** TM Print Spell Check Help

**Basic**

Name: Auntie Provider (8034088) Open Date: 12/10/2009 Type: Kinship Care Home Status: Open  
Lcns. Type: Not Licensed Lcns. Agency: Unknown  Restricted Provider

Home Members Characteristics Services Training License Activity Closing History

**Home Information**

Parent 1: Provider, Auntie Parent 2:  
C/O:  
Street: 555 Camp Randall Avenue Apt:  
City: Madison State: WI Zip: 53701 County of Residence: Dane Country: United States  
Home: Ext: Work: Ext: Fax:  
E-mail:

**Additional Information**

Marital Status: Single Female Primary Language: English Designated County: Milwaukee  
 IVA  SSH  FERL Parent Agency: Auntie Provider (8034088)

**Emergency Contact Information**

Name: Phone: Ext: Name: Phone: Ext:

County Provider ID

Options:

Done Trusted sites 100%

## 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

**eWiSACWIS - Microsoft Internet Explorer provided by DHFS - State of Wisconsin**

*eWiSACWIS* Case Work

Create Maintain Utilities Adoption Search Help

### Jenny Weber's Desktop

Date Restricted  Participant View  View Not Approved/Cancelled

- Ticklers
- 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

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

**Home Provider -- Webpage Dialog**

*eWiSACWIS* TM

**Basic**  
 Name: Auntie Provider (8034080)    Open Date: 12/10/2009    Type: Kinship Care Home    Status: Open  
 Lcns. Type: Not Licensed    Lcns. Agency: Unknown     Restricted Provider

**Home**    **Members**    **Characteristics**    **Services**    **Training**    **License Activity**    **Closing History**

**Provider Preferences**

Max # of Placements Preferred:

Males Preferred:

Females Preferred:

Age: From:  To:

**Provider Details**

Total Bed Capacity:

	Male	Female	Total
Capacity:	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
Placements:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Reservations:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Vacancies:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**Service Specifics**     All Counties     Milwaukee    [Edit Unlicensed Services](#)

Category	Type	Status
<input checked="" type="checkbox"/> KC - Court Ord	KC-Court Ordered	Active
<input type="checkbox"/> Non Rel Care U	Non-Relative -Court Ord	Active
<input type="checkbox"/> Rel-NonLicense	RelativeCare-CourtOrder	Active

Options:

# Adding Services for the Out-of-Home Placement

## Unlicensed Services

Provider Name: Provider, Auntie (8034080) Total Bed Capacity: 2 County: Milwaukee

Category	Type	Status	
Kinship - Court Ordered	Kinship Care-Court Ordered	Active	
Relative Care - Unlicensed	Relative Care -Court Ordered	Active	Delete
Non-Relative Care Unlicensed	Non-Relative Care Prov. - Court Ordered	Active	Delete

Insert Save Close

# Out-of-Home Placement

Create Case Work > Placement/Services > Out of Home Placement

Create Case Items

- Administration
- Adoption
- Assessment
- Education
- Eligibility
- KPC
- KOWA
- File Cabinet
- Legal
- Narrative
- Ongoing Services
- Payment
- Placement/Services: Out of Home Placement
- Planning
- Safety Assessment
- Safety Services
- Strengths and Needs

Cases

Badger, Bucky (8234525)

Case Participants

Bucky Badger, Reference Person (8266275)  
Daughter Badger, Biological Child (8266314)

Create Close

## Out-of-Home Placement (Kinship)

The screenshot shows the 'Out of Home Placement' form in the eWiSACWIS system. The form is titled 'Out of Home Placement' and includes the eWiSACWIS logo and navigation icons (Print, Spell Check, Help). The 'Child' section identifies the child as 'Badger, Daughter (9268314)' with 'Case Name: Badger, Bucky (8234525)'. The form is divided into 'Service' and 'Provider' tabs. The 'Placement Information' section includes: County (Milwaukee), Service Category (Kinship - Court Ordered), Service Type (KC - Court Ordered), Placement Setting (Kinship Care - Court-Ordered), Placement Begin (12/05/2009), Placement End (03-00-0000), VPA Effective (00/00/0000), Child Specific Rate (\$0.00 per month), Current Basic Rate (\$215.00 per month), Supplemental Amount (\$0.00), Exceptional Amount (\$0.00), Administrative Fee (\$0.00), Costs > Spending Limit (\$0.00), and Current Monthly Payment (\$215.00). The 'Removal Reasons' section has several checkboxes, all of which are unchecked. The 'Child Removal From Home Information' section shows Manner (Court Ordered) and Primary Caretaker (Bucky Badger). The form has 'Save' and 'Close' buttons at the bottom right.

## Out-of-Home Placement (Kinship)

The screenshot shows the eWiSACWIS desktop interface in a Windows Internet Explorer browser. The browser title is 'eWiSACWIS - Windows Internet Explorer'. The page header includes the eWiSACWIS logo and navigation icons (Case Work, Provider Work, Search, Refresh). The main navigation menu includes 'Create', 'Maintain', 'Utilities', 'Adoption Search', and 'Help'. The user is logged in as 'Jenny Weber's Desktop'. The interface shows several filters: 'Date Restricted' (checked), 'Participant View' (unchecked), and 'View Not Approved/Cancelled' (unchecked). The 'Cases (1)' section is expanded, showing a case for 'Badger, Bucky (8234525)'. The case details include: 'CPS Family - Initial Assessment' on '04/28/2010' by 'Weber, Jenny' at the 'State Central Office' located at '201 Camp Randall, Madison, WI 53701'. The 'Actions' menu includes: 'Access Reports', 'Assets and Income', 'Assignment', 'Eligibility', and 'Placements'. The 'Placements' section is expanded to show 'Open Placements', with one placement: 'Out of Home Placement - Kinship Care-Court Ordered' starting on '12/05/2009' with 'Provider, Auntie Badger, Daughter Milwaukee' and a status of 'Approved'. The 'Related People' and 'Providers (11)' sections are also visible.

## Out-of-Home Placement (Relative Unlicensed)

The screenshot shows the 'Out of Home Placement' form in the eWISACWIS system. The form is titled 'Out of Home Placement' and 'eWISACWIS'. It contains the following information:

- Child:** Badger, Daughter (9288314) | **Case Name:** Badger, Bucky (8234525) | **Request Number:**
- Service Category:** Relative Care - Unlicensed
- Service Type:** Relative Care - Unlicensed
- Placement Setting:** Relative - Unlicensed
- County:** Milwaukee
- Removed From Home:** 12/05/2009
- Placement Begin:** 12/05/2009
- Placement End:** 00/00/0000
- VPA Effective:** 00/00/0000
- Child Specific Rate:** 99.00 per
- Current Basic Rate:**
- Supplemental Amount:**
- Exceptional Amount:**
- Administrative Fee:** \$0.00
- Costs > Spending Limit:** 99.00
- Current Monthly Payment:** \$0.00
- Removal Reasons:**
  - This is an Adoptive Placement
  - This is a CPS Non-Conforming Placement
  - This is an Emergency Situation
  - After Hours Placement
  - Child is an American Indian child as defined by statute.
- Child Removal From Home Information:**
  - Manner:** Court Ordered
  - Primary Caretaker:** Bucky Badger

Buttons: Save, Close

## Out-of-Home Placement (Relative Unlicensed)

The screenshot shows the 'Jenny Weber's Desktop' in the eWISACWIS system. The desktop includes the following elements:

- Navigation:** Create, Maintain, Utilities, Adoption Search, Help
- Case Work:** Case Work, Provider Work, Search
- Case Information:** Date Restricted, Participant View, View Not Approved/Cancelled
- Ticklers:**
- 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
    - Placements
      - Open Placements
        - Out of Home Placement - Relative Care - Court Ordered**  
12/05/2009 Provider, Auntie Badger, Daughter Milwaukee Approved
    - Related People

- Providers (11):**

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

Out of Home Placement  
eWISACWIS

Child  
Child: Badger, Daughter (9286314) Case Name: Badger, Bucky (8234525) Request Number:

Service Provider

Placement Information

County: Milwaukee Service Category: Non-Relative Care Unlicensed

Removed From Home: 12/05/2009 Service Type: Non-Relative Care Prov. - Court Ordered

Placement Begin: 12/05/2009 Placement Setting: Non-Relative-Unlicensed

Placement End: 00/00/0000 Child Specific Rate: 00.00 per

VPA Effective: 00/00/0000 Current Basic Rate:

Removal Reasons

This is an Adoptive Placement

This is a CPS Non-Conforming Placement

This is an Emergency Situation

After Hours Placement

Child is an American Indian child as defined by statute.

Supplemental Amount:

Exceptional Amount:

Administrative Fee: \$0.00

Costs > Spending Limit: \$0.00

Current Monthly Payment: \$0.00

Child Removal From Home Information

Manner: Court Ordered Primary Caretaker: Bucky Badger

Options: Go Save Close

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

eWISACWIS - Windows Internet Explorer

eWISACWIS Case Work Provider Work Search

Create Maintain Utilities Adoption Search Help

Jenny Weber's Desktop

Date Restricted  Participant View  View Not Approved/Cancelled

Ticklers

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

Placements

Open Placements

Out of Home Placement - Non-Relative Care - Unlicensed

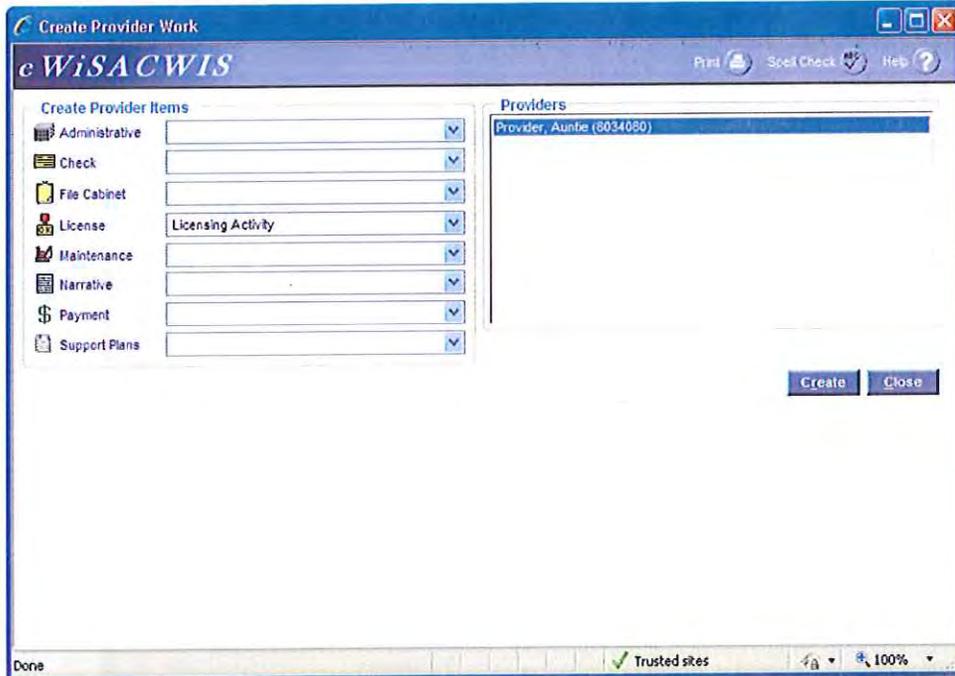
12/05/2009 Provider, Auntie Badger, Daughter Milwaukee Approved

Related People

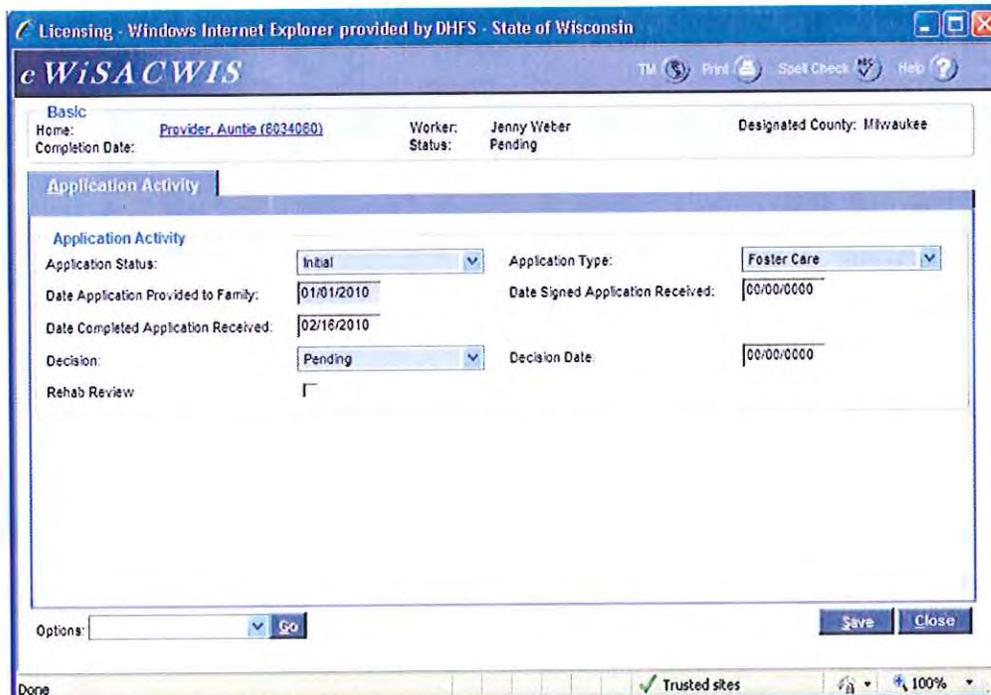
Providers (11)

# Licensing

Create Provider Work > License > Licensing Activity



# Licensing



# Licensing

Application Activity			
Application Status:	Initial	Application Type:	Foster Care
Date Application Provided to Family:	01/01/2010	Date Signed Application Received:	00/00/0000
Date Completed Application Received:	02/18/2010		
Decision:	Pending	Decision Date:	00/00/0000
Rehab Review	<input type="checkbox"/>		

**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

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

**eWISACWIS** TM Print Spell Check Help

**Basic**  
Home: Provider, Auntie (8034080) Worker: Jenny Weber  
Completion Date: Status: Pending Designated County: Milwaukee

**Application Activity**

**Application Activity**  
Application Status: Initial Application Type: Foster Care  
Date Application Provided to Family: 01/01/2010 Date Signed Application Received: 00/00/0000  
Date Completed Application Received: 02/18/2010 Decision Date: 04/08/2010  
Decision: Withdrawn  
Rehab Review

Withdrawal Reason(s): No longer interested  
No longer interested Narrative:

Options:  Go Save Close

Done Trusted sites 100%

# Withdrawal Reasons

Withdrawal Reasons -- Webpage Dialog

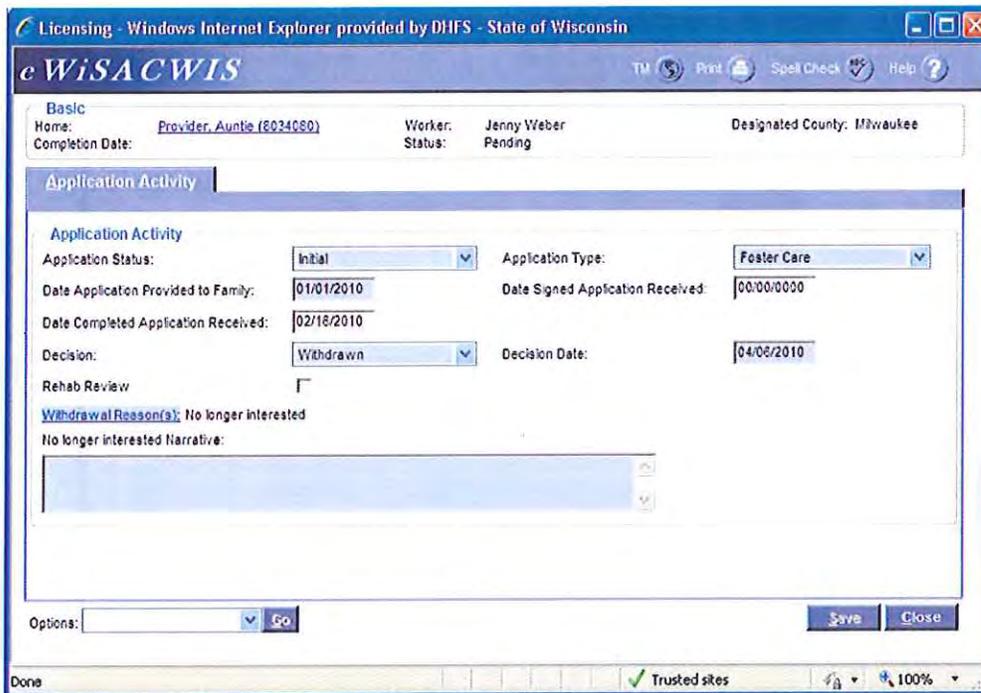
**eWISACWIS** Print Spell Check Help

**Withdrawal Reasons**  
Select Withdrawal Reasons  
Select All That Apply

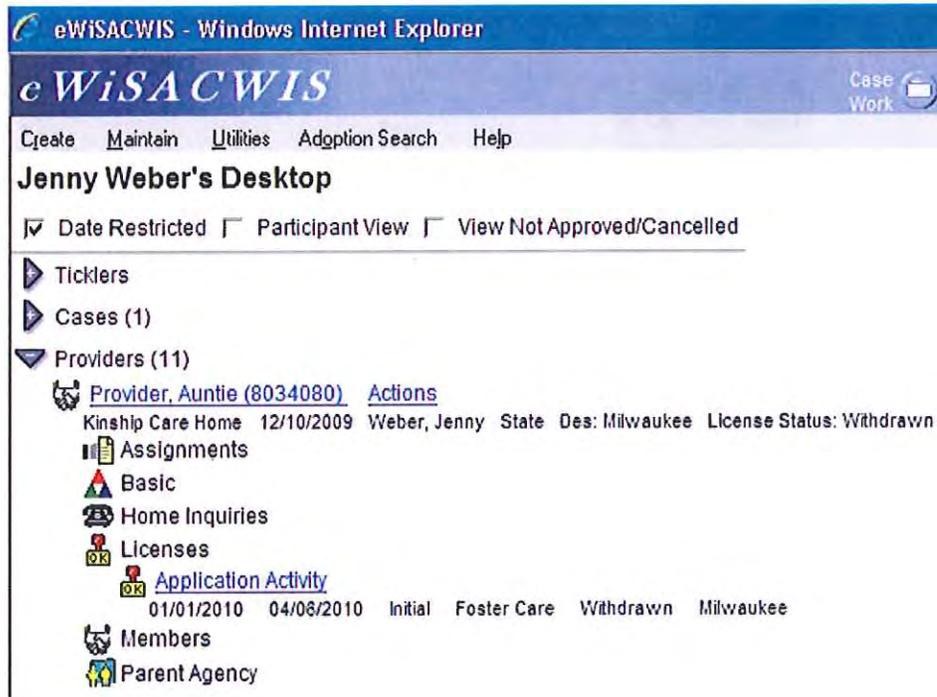
- Agency recommendation
- Change in family circumstances
- Child abuse neglect substantiated
- Criminal background
- Did not complete assessment decision
- Has protective service record
- Home does not meet standards
- Inadequate finances
- Misuse of funds
- Moved out of state/county
- No longer interested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

Continue Close

# Withdrawn Applications



# Withdrawn Applications



# Denied Applications

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

**eWISACWIS** TM Print Spell Check Help

Basic  
 Home: Provider, Auntie (6034080) Worker: Jenny Weber Designated County: Milwaukee  
 Completion Date: Status: Pending

**Application Activity**

**Application Activity**

Application Status: Initial Application Type: Foster Care  
 Date Application Provided to Family: 01/01/2010 Date Signed Application Received: 00:00:0000  
 Date Completed Application Received: 02/16/2010  
 Decision: Denied Decision Date: 04/06/2010  
 Rehab Review

**Denial Reasons**

Denial Reason	Narrative	
Criminal background	enter info here...	Delete Row 1 of 1

Licensing Code Citation: 58.05 Licensee qualifications Code Citation  
 Licensing Subcode Citation: 58.05(1)(f)(3)(b) PERSONAL REQUIREMENTS AND BACKGROUND. Insert

Options:  Go Save Close

License Notification -- Web Page Dialog

**eWISACWIS** TM Print Spell Check Help

Provider: Provider, Auntie  
 License Type: Foster Care - DCF 58  
 Document Type: License Denial Letter  
 Provider Participants:

Auntie Provider	Parent 1
-----------------	----------

**History**

Date Created	Sent	
05/11/2010	<input type="checkbox"/>	Edit Delete

Insert Save Close

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:

56.05(1)(f)(3)(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 7875  
Madison, WI 53707-7875

Should you have any questions, please contact me at (608)261-7658.

Sincerely,

Jenny Weber, eWISACWIS Program Team

## Denied Applications

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

**eWISACWIS** TM Print Spell Check Help

Basic  
Home: [Provider, Auntie \(8034080\)](#) Worker: Jenny Weber Designated County: Milwaukee  
Completion Date: Status: Pending

**Application Activity**

Application Activity  
Application Status: Initial Application Type: Foster Care  
Date Application Provided to Family: 01/01/2010 Date Signed Application Received: 00/00/0000  
Date Completed Application Received:  
Decision:  
Rehab Review  
Denial Reasons  
Denial Reason  
Criminal background  
Licensing Code Citation  
56.05 Licensee qualifications  
Licensing Subcode Citation  
56.05(1)(f)(3)(b) PERSONAL REQUIREMENTS AND BACKGROUND.

Options: Negative Action Notice Go Save Close

**eWISACWIS -- Webpage Dialog**  
Please create the Negative Action Notice located in the Options menu.  
Close

# 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. 48.651(2m), Wis. Stats., and DHS 12.09, Wis. Adm. Code. Information collected on this form will be entered into the Department of Children and Families' Children's License Denial 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, Adm. Code, Appendix A. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), 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 Overtumed Finding  
 Other: \_\_\_\_\_

<b>I. Individual Against Whom the Negative Action Was Taken</b>		
Name (Last, First, Middle) Provider, Auntie	Social Security Number 111-11-1111	Birthdate (mm/dd/yyyy) 03/04/1976
<b>II. License / Certification Type (Check one)</b>		
<input type="checkbox"/> Day Care Certification <input type="checkbox"/> Adoption <input type="checkbox"/> Treatment Foster Home <input type="checkbox"/> School Age Certification <input checked="" type="checkbox"/> Foster Home		
<b>III. Negative Action Taken</b>		
Check appropriate box below.		Date Negative Action Taken (mm/dd/yyyy) 04/06/2010
<input checked="" type="checkbox"/> Denial <input type="checkbox"/> Revocation <input type="checkbox"/> Non-Renewal		
Reason Negative Action Taken	If criminal conviction, cite statute indicating specific crime(s) from Offenses List (DHS 12-Appendix A). For example: 940.01.	
<input type="checkbox"/> Substantiated finding of child abuse or neglect <input type="checkbox"/> Criminal conviction <input type="checkbox"/> Misappropriation of client's property		
<b>IV. Agency Taking the Negative Action</b>		
Agency Type (Check one)		
<input type="checkbox"/> Child Placing Agency (CPA) <input checked="" type="checkbox"/> County <input type="checkbox"/> Tribe		
Name - CPA	Facility ID Number	

# Denied Applications

eWISACWIS - Windows Internet Explorer

**eWISACWIS** Case Work

Create   Maintain   Utilities   Adgption Search   Help

**Jenny Weber's Desktop**

Date Restricted   
  Participant View   
  View Not Approved/Cancelled

- ▶ Ticklers
- ▶ Cases (1)
- ▼ Providers (11)
  - [Provider, Auntie \(8034080\)](#)    [Actions](#)  
 Kinship Care Home    12/10/2009    Weber, Jenny    State Des: Milwaukee    License Status: Denied
  - Assignments
  - Basic
  - Home Inquiries
  - Licenses
  - [Application Activity](#)  
 - 01/01/2010    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

The screenshot displays the eWiSACWIS web application interface within a Windows Internet Explorer browser window. The browser title bar reads "Create Case Work - Windows Internet Explorer". The application header includes the "eWiSACWIS" logo and navigation options: "Print", "Spell Check", and "Help".

The main interface is divided into two primary sections:

- Create Case Items:** A vertical list of categories, each with a dropdown menu. The categories are: Administration, Adoption, Assessment, Education, Eligibility (marked with a red checkmark), ICPC, ICWA, File Cabinet, Legal (selected), Narrative, Ongoing Services, Payment, Placement/Services, Planning, Safety Assessment, Safety Services, and Strengths and Needs.
- Cases:** A list of existing cases. One case is visible: "Badger, Bucky (8224525)".
- Case Participants:** A list of individuals associated with the selected case. Two participants are listed: "Bucky Badger - Reference Person (8226275)" and "Daughter Badger - Biological Child (8226314)".

At the bottom right of the application area, there are two buttons: "Create" and "Close". The browser's status bar at the bottom shows "Done", "Trusted sites", and a zoom level of "100%".

# Relative Caregiver Licensing Decision

Legal Documentation - Windows Internet Explorer

**eWISACWIS** TM Print Spell Check Help

**General Information**

Case: Bucky Badger Worker: Weber, Jenny

Document: Relative Caregiver Licensing Decision Text

Legal Action: CHFS Petition

Court: Circuit

Court 2: Milwaukee County Circuit Courts, Milwaukee County

Court Number: 09JC39 - 12/12/2009

Tribal Contact:

Judge: Judge Thomas

Commissioner:

Branch:

**Case Participant and Collaterals**

Name	Role in the Document
Badger, Bucky	I/A
Badger, Daughter	Child

Options: Go Save Close

Done Trusted sites 100%

# Relative Caregiver Licensing Decision

**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. Code. Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04(1)(m), Wisconsin Statutes).

<b>I. Child Information</b>			
Date Form Completed	Name - Agency		
04/08/2010			
Name - Child (Last, First, MI)	Birthdate - Child	Court Case Number	
Badger, Daughter	01/07/2006	09JC39 - 12/12/2009	
eWISACWIS Case Number	8234525		
<b>II. Relative Caregiver Information</b>			
eWISACWIS Provider Number			
8034080			
Name - Relative Caregiver 1 (Last, First, MI)			
Provider, Auntie			
Name - Relative Caregiver 2 (Last, First, MI)			
Address - (Street, City, State, Zip Code)			
555 Camp Randall Avenue Madison, WI 53711			
<b>III. Licensing Decision</b>			
Choose one below.			
<input type="checkbox"/> Denied			
<input type="checkbox"/> Deemed unlicensable			
<input type="checkbox"/> Refusal of foster care licensure (only applicable to providers approved for Kinship Care prior to 1/1/2010)			
Explanation of licensing decision:			
<b>IV. Background Information as Specified in s.48.57(3m) and 48.57(3n), Wisconsin Statutes</b>			
<b>V. The county department or department's assessment of the safety of the Kinship Care relative's or long-term Kinship Care</b>			

# Relative Caregiver Licensing Decision

The screenshot shows the eWiSACWIS desktop interface. At the top, there is a navigation bar with the eWiSACWIS logo and icons for Case Work, Provider Work, and Search. Below this is a menu with options: Create, Maintain, Utilities, Adoption Search, and Help. The main heading is "Jenny Weber's Desktop". Underneath, there are checkboxes for "Date Restricted" (checked), "Participant View", and "View Not Approved/Cancelled". A "Ticklers" section is visible, followed by a "Cases (1)" section. The case listed is "Badger, Bucky (8234525)" with an "Actions" link. The case details include "CPS Family - Initial Assessment" dated 12/05/2009, performed by "Weber, Jenny" at the "State Central Office" (201 Camp Randall, Madison, WI 53701). A list of actions is shown: Access Reports, Assets and Income, Assignment, Eligibility (checked), Legal, Legal Documentation (09JC39-Relative Caregiver Licensing Decision, 04/28/2010), Placements, and Related People. At the bottom, there is a "Providers (11)" section.

# Approved Applications

The screenshot shows the "Application Activity" form in the eWiSACWIS system. The window title is "Licensing - Windows Internet Explorer provided by DHFS - State of Wisconsin". The form is titled "Application Activity" and has tabs for "Application Activity", "License Information", and "Services". The "Basic" information section shows: Home: Provider, Aunte (8034080); Worker: Jenny Weber; Status: Pending; Designated County: Milwaukee. The "Application Activity" section contains the following fields: Application Status: Initial; Application Type: Foster Care; Date Application Provided to Family: 01/01/2010; Date Signed Application Received: 00/00/0000; Date Completed Application Received: 02/18/2010; Decision: Create License; Decision Date: 04/06/2010; Rehab Review: . At the bottom, there is an "Options:" field with a "Go" button and "Save" and "Close" buttons.

# Foster Home License

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

**eWISACWIS** TM Print Spell Check Help

Basic  
 Home: [Provider, Auntie \(8034080\)](#) Worker: Jenny Weber Designated County: Milwaukee  
 Completion Date: Status: Pending

Application Activity | License Information | **Services** | Exceptions/Waivers

**Home Information**

Licensee(s): [Provider, Auntie](#)  
 C/O:  
 Street: 555 Camp Randall Avenue Apt:  
 City: Madison State: WI Zip: 53711  
 County of Residence: Dane

**License Information**

Type: [Foster Care - GCF 56](#) Effective From: 04/06/2010 Effective To: 04/05/2012  
 Certification: [Level 2](#)  Exceptions/Waivers Required  No Exceptions/Waivers Required

**Additional Information**

Total Bed Capacity: 2 Preferred Age: 0 to 18 Preferred Gender: Male: 2 Female: 2

Options:

# Foster Home License

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

**eWISACWIS** TM Print Spell Check Help

Basic  
 Home: [Provider, Auntie \(8034080\)](#) Worker: Jenny Weber Designated County: Milwaukee  
 Completion Date: Status: Pending

Application Activity | License Information | **Services** | Exceptions/Waivers

**Licensed Services**

All Counties  [Milwaukee](#) [Edit Licensed Services](#)

Category	Type	Status
<input checked="" type="radio"/> Foster Home - General License	Foster Home-Gen License 0-4 years old	In Active
<input type="radio"/> Foster Home - General License	Foster Home-Gen License 5-11 years old	In Active
<input type="radio"/> Foster Home - General License	Foster Home-Gen License 12-14 years old	In Active
<input type="radio"/> Foster Home - General License	Foster Home-Gen License 15+ years old	In Active
<input type="radio"/> Foster Home - Level 1	Foster Home - Level 1	In Active

Options:

Done Trusted sites 100%

# Foster Home License

**Edit Licensed Services -- Webpage Dialog**

*eWISACWIS* Print Spell Check Help

Provider Name: Provider, Auntie (8034080) Total License Bed Capacity: 2 License Type: Foster Care - DCF 56 County: Milwaukee

**Licensed Services**

Service Type	Description	Active	Checked
<input type="checkbox"/>	Foster Home - General License	ACTIVE	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen License 5-11 years old	ACTIVE	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen License 12-14 years old	ACTIVE	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen License 15+ years old	ACTIVE	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Foster Home-Lic Like Kin 0-4 years old	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Lic Like Kin 5-11 years old	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Lic Like Kin 12-14 years old	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Lic Like Kin 15+ years old	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home - General Out-of-County	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen Out-O-County 0-4 years	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen Out-O-County 5-11 years	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen Out-O-County 12-14 years	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home-Gen Out-O-County 15+ years	ACTIVE	<input type="checkbox"/>
<input type="checkbox"/>	Foster Home - Level 1	ACTIVE	<input checked="" type="checkbox"/>

Options:  Go Save Close

# Foster Home License

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

*eWISACWIS* TM Print Spell Check Help

**Basic**  
 Home: [Provider, Auntie \(8034080\)](#) Worker: Jenny Weber Designated County: Milwaukee  
 Completion Date: Status: Pending

Application Activity | License Information | **Services** | Exceptions/Waivers

**Exceptions/Waivers**

Exception/Waiver	Start Date	End Date	Mod Start Date	Mod End Date	Decision
Insert					

**Requests**

Send to Exception Panel Date Sent:  Additional Exceptions/Waivers Requested Date:

Send to Licensing Worker Date Sent:

Options:  Go Save Close

# Foster Home License

Exception/Waiver Request -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

Exception/Waiver  
 Licensing Agency Exception/Waiver  DCF Exception/Waiver

Licensing Code: 56.04 Applying for a license Code Citation

Licensing Sub Code: 56.04(2) LICENSE PROHIBITION

Description: No licensing agency may issue a foster home license to one of its own employees within the same program area. A foster parent serving an agency only in the foster parent role and volunteers utilized by an agency are not considered employees for purposes of this prohibition.

Start Date: 04/08/2010

End Date: 04/05/2012

Licensing Worker Narrative (include rationale for exception/waiver request): enter text here

Licensing Agency Decision

Licensing Agency Supervisor Narrative: enter text here...

Licensing Agency Decision: Approve Decision Date: 04/08/2010

DCF Decision

Modified Start Date: 04/08/2010

Modified End Date: 04/05/2012

Exception Panel Chairperson Narrative:

Exception Panel Decision: Pending Decision Date: 04/08/2010

Save Close

# Foster Home License

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

**eWiSACWIS** TM Print Spell Check Help

Basic  
 Home: [Provider, Auntie \(8034080\)](#) Worker: Jenny Weber Designated County: Milwaukee  
 Completion Date: Status: Pending

Application Activity License Information Services Exceptions/Waivers

Exceptions/Waivers

Exception/Waiver	Start Date	End Date	Mod Start Date	Mod End Date	Decision
<a href="#">56.04 Applying for a license</a>	04/08/2010	04/05/2012			Pending

Insert

Requests

Send to Exception Panel Date Sent:  Additional Exceptions/Waivers Requested Date:

Send to Licensing Worker Date Sent:

Options:  Go Save Close

# Foster Home License

The screenshot shows the WisACWIS web application interface. The browser title is 'Licensing - Windows Internet Explorer provided by DHFS - State of Wisconsin'. The application is for 'Provider, Auntie' (ID: 6034020) with worker 'Jenny Weber' and status 'Pending'. The designated county is 'Milwaukee'. The form includes sections for Home Information (555 Camp Randall Avenue, Madison, WI), License Information (Type: Foster Care - DCF-FC, Certification: Level 2, Effective From: 04/06/2010, Effective To: 04/05/2012), and Additional Information (Total Bed Capacity: 2, Preferred Age: 0 to 18, Preferred Gender: Male: 2, Female: 2). A dropdown menu is open showing options like 'Checklist', 'Steps Completed Checklist', 'Text', 'Foster Home License', 'Foster Home Licensure Notification Letters', 'License Hold Notice Letter', 'Renewal Letter', and 'Revocation Letter'. Buttons for 'Save' and 'Close' are visible.

# Foster Home License

DEPARTMENT OF CHILDREN AND FAMILIES  
 Division of Safety and Permanence  
 DCF-F-CFS0111 (R. 01/2010)

STATE OF WISCONSIN

*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 that 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 04/05/2010 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-CFS0111 (R. 01/2010)

STATE OF WISCONSIN

<b>Licensing Exceptions/Waivers</b>
Licensing Agency
DCF Exceptions Panel
<i>S6.04(2) LICENSE PROHIBITION.</i>

# Foster Home License

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

**WISACWIS** TM Print Spell Check Help

Basic  
Home: Provider, Aunte (8034080) Worker: Jenny Weber Designated County: Milwaukee  
Completion Date: Status: Pending

Application Activity License Information Services Exceptions/Waivers

Application Activity

Application Status: Initial Application Type: Foster Care  
Date Application Provided to Family: 01/01/2010 Date Signed Application Received: 00/00/0000  
Date Completed Application Received: 02/18/2010 Decision Date: 04/08/2010  
Decision: Create License  
Rehab Review

Options: Go Save Close

- Actions
- Approval
- Text
- Negative Action Notice
- Letters
- License Denial Letter

Done Trusted sites 100%

# Foster Home License

eWiSACWIS - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Case Work

Create Maintain Utilities Adoption Search Help

**Jenny Weber's Desktop**

Date Restricted  Participant View  View Not Approved/Cancelled

- ▶ 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
      - [Foster Care - DCF 56](#)  
04/06/2010 04/05/2012 Active-Regular Milwaukee
    - Members
    - Parent Agency
    - Payment Requests
    - Placements
    - Provider Services

# Training

eWiSACWIS - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Case Work

Create Maintain Utilities Adoption Search Help

**Jenny Weber's Desktop**

Date Restricted  Participant View  View Not Approved/Cancelled

- ▶ Ticklers
- ▶ 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

Home Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**WisACWIS** TM Print Spell Check Help ?

Basic  
Name: Auntie Provider (8034080) Open Date: 04/16/2010 Type: Foster Home Status: Open  
Lcns. Type: Licensed or Certified by a County in WI Lcns. Agency: Licensing Agency  Restricted Provider

Home Members Characteristics Services Training License Activity Closing History

Course Listing

Participant	Course Description	Module	Offered By	Start Date	Complete Date	Hrs Cmpl	
-------------	--------------------	--------	------------	------------	---------------	----------	--

Additional

Participant	Course Description	Offered By	Start Date	Complete Date	Hrs Cmpl	
-------------	--------------------	------------	------------	---------------	----------	--

Options:

Done Trusted sites

# Training

Course Listing -- Web Page Dialog

**WisACWIS** Print Spell Check Help ?

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

Home Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWISACWIS** TM Print Spell Check Help

Basic  
 Name: Auntie Provider (8034080) Open Date: 04/16/2010 Type: Foster Home Status: Open  
 Lcns. Type: Licensed or Certified by a County in WI Lcns. Agency: Licensing Agency  Restricted Provider

Home Members Characteristics Services Training License Activity Closing History

Course Listing

Participant	Course Description	Module	Offered By	Start Date	Complete Date	Hrs Cmpl	
Provider, Auntie	Pre-Placement	Module I	agency	04/06/2010		3	Copy Edit Delete

Insert

Additional

Participant	Course Description	Offered By	Start Date	Complete Date	Hrs Cmpl	

Insert

Options:  Go Save Close

Done Trusted sites

# Background Checks

eWISACWIS - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWISACWIS** Case Work

Create Maintain Utilities Adoption Search Help

**Jenny Weber's Desktop**

Date Restricted  Participant View  View Not Approved/Cancelled

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 \(9286308\) Active F Parent 1 03/04/1976](#)
- Parent Agency
- Payment Requests [Click to Maintain Person](#)
- Placements
- Provider Services

# Background Checks

Person Management 'Auntie Provider' ID: 9266306 - Microsoft Internet Explorer provided by DHFS - State of Wi...

**WisACWIS** TM Print Spell Check Help

Basic Parent Info **Additional** Address Education Characteristics Medical/Mental Health

**AKA Names**

Entry Date	Type	First Name	Last Name	MI	Delete
No records found.					

[Insert](#)

**Background Checks**

**Background Checks**

Type	Date	Effective To	Updated By
No records found.			

[Insert](#)

**Child Information**

Child is a Teen Parent CARES PIN:

Teen Parent's Child Resides with Him/Her Monthly Amount of any Child Unearned Income: \$0.00

Teen Parent's Child Receives a Kinship Payment  Child Receives a Disability Payment

**Relationship**

Case ID	First Name	Last Name	MI	Relationship	Entry Date
No records found.					

Options:  [Go](#) [Save](#) [Close](#)

Done Trusted sites

# Background Checks

Person Background Check -- Web Page Dialog

**WisACWIS** Print Spell Check Help

**Participant Details**

Name: Provider, Auntie (9266306) Worker: Jenny Weber

**Image Details**

Date of Document: 12/16/2009 Effective To: 12/16/2013

Category: Background Check

Type: DOJ

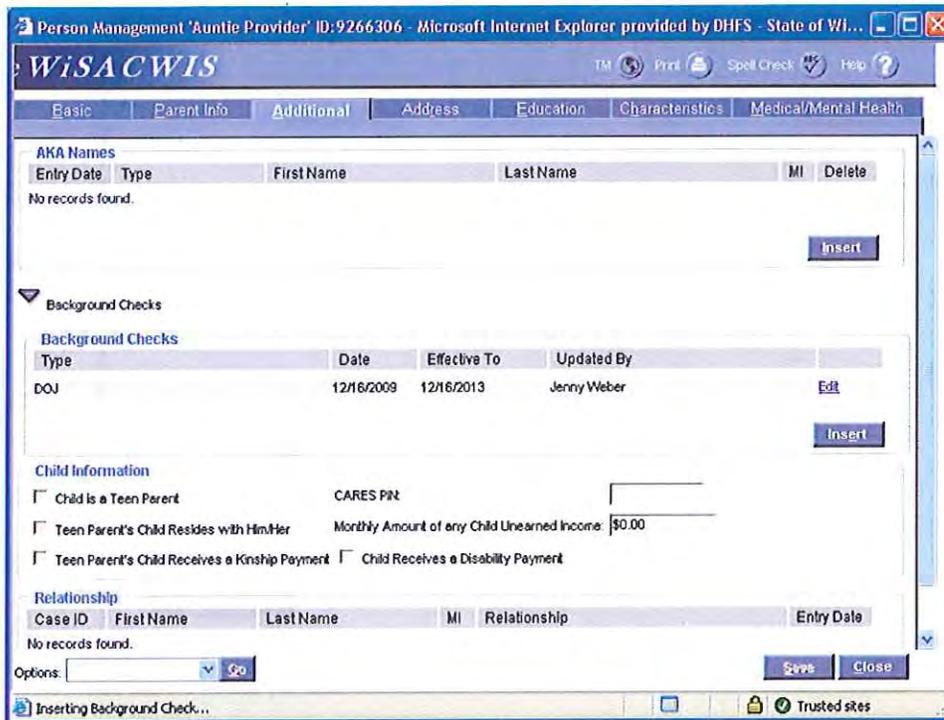
File Name: Auntie Provider DOJ 12.16.09.doc [View](#)

Comments:  [Browse...](#)

**Eligibility Verification**

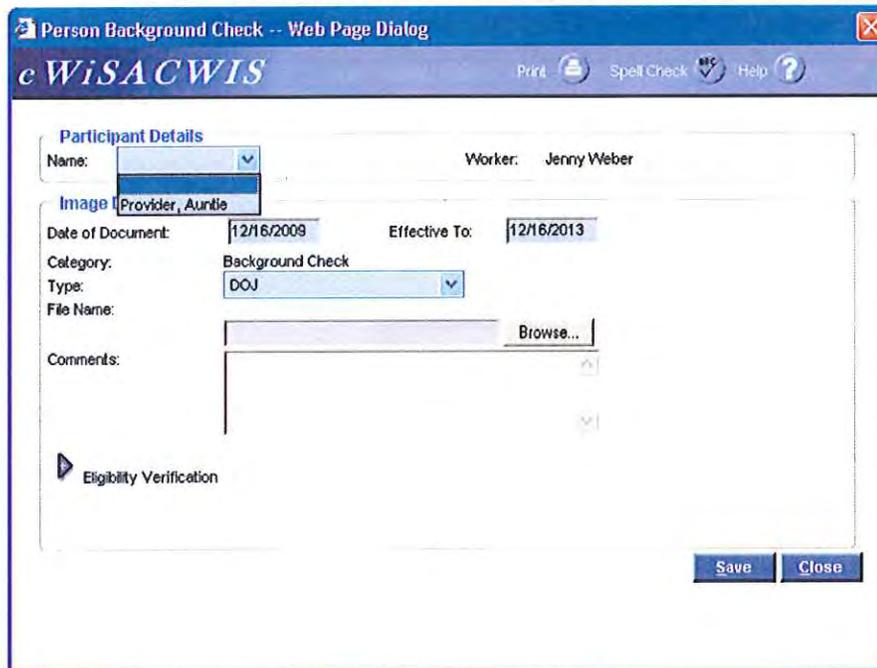
[Save](#) [Close](#)

# Background Checks

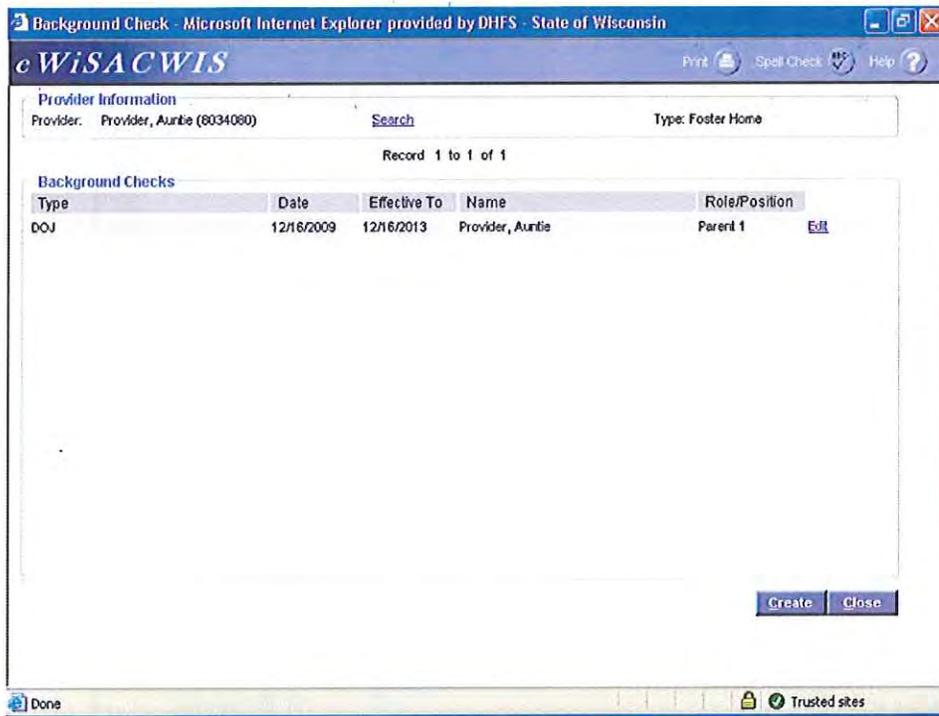


# Background Checks

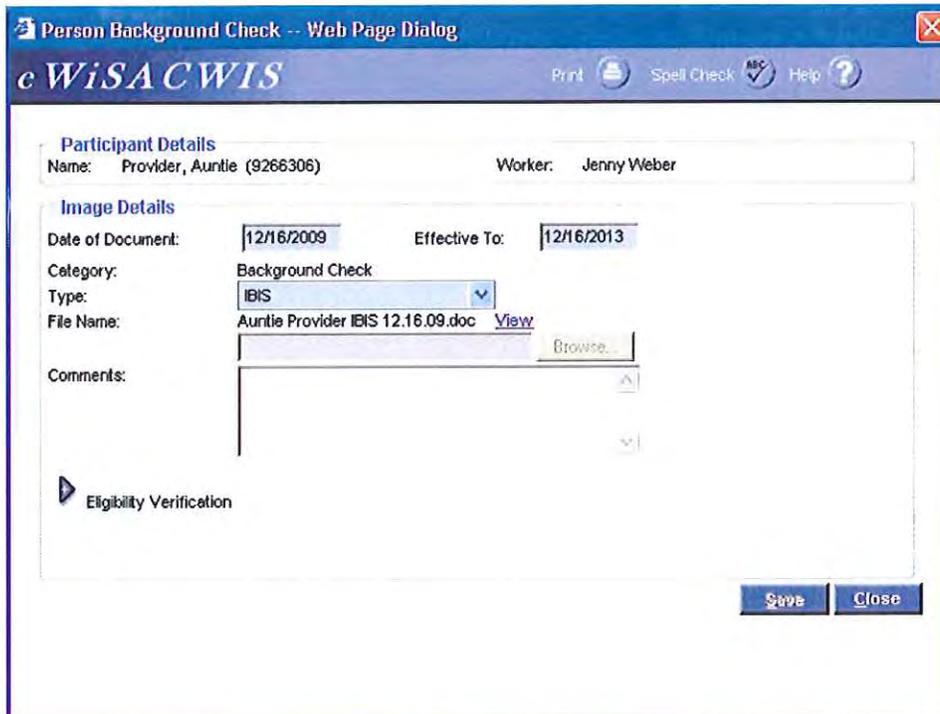
## Utilities > Background Check Search



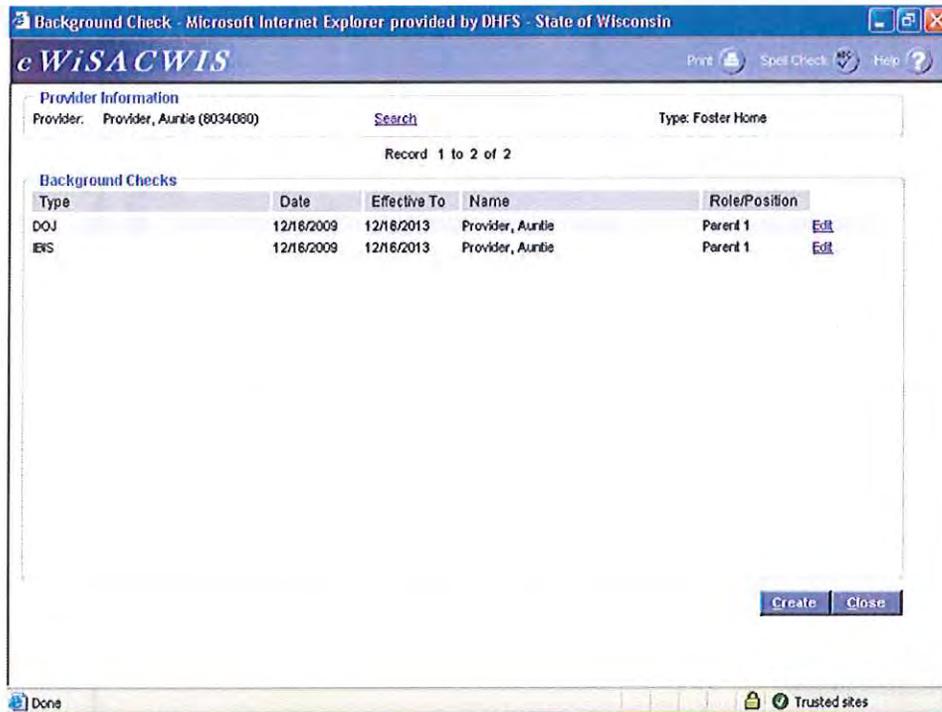
# Background Checks



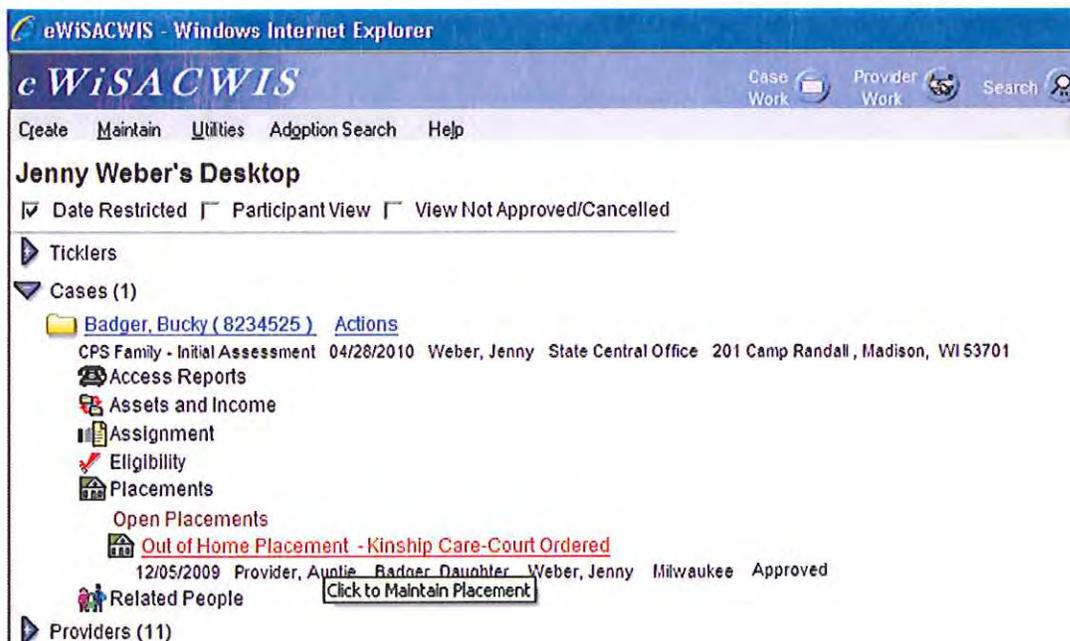
# Background Checks



# Background Checks



# Closing the Open Out-of-Home Placement



# Out-of-Home Care Placement Ending

**Out of Home Placement**  
eWiSACWIS

Child: Badger, Daughter (9286314)    Case Name: Badger, Bucky (8234525)    Request Number:

Service    Provider

**Placement Information**

County:	Milwaukee	Service Category:	Kinship Court Ordered
Removed From Home:	12/05/2009	Service Type:	KC-Court Ordered
Placement Begin:	12/05/2009	Placement Setting:	Kinship Care - Court-Ordered
Placement End:	04/05/2010	Child Specific Rate:	00.00 per
VPA Effective:	00/00/0000	Historic Basic Rate:	\$215.00 per month

**Removal Reasons**

This is an Adoptive Placement  
 This is a CPS Non-Conforming Placement  
 This is an Emergency Situation  
 After Hours Placement

**Child Removal From Home Information**

Manner: Court Ordered    Primary Caretaker: Bucky Badger

Options: [Go]    Save    Close

- Actions
- Approval
- Non-Conforming Reasons
- Placement Ending
- Text
- Text

# Out-of-Home Care Placement Ending

**Service Ending - Webpage Dialog**  
eWiSACWIS

Child: Badger, Daughter (9286314)    Case: Badger, Bucky (8234525)  
Provider: Provider, Auntie (8034080)    Service Begin: 12/05/2009

**Service Ending**

End Date: 04/05/2010

Ending Purpose: Placement Change within Plcmnt Episode

End Reason: Provider Requested Change

Is the End of This Child Placement a Discharge from All Placements?    Yes    No    N/A

Discharge Reason: [Dropdown]

Override

Options: [Go]    Save    Close

- Actions
- Approval
- Text
- Text

# Out-of-Home Placement (Foster Home Options)

Foster Home – Level 1

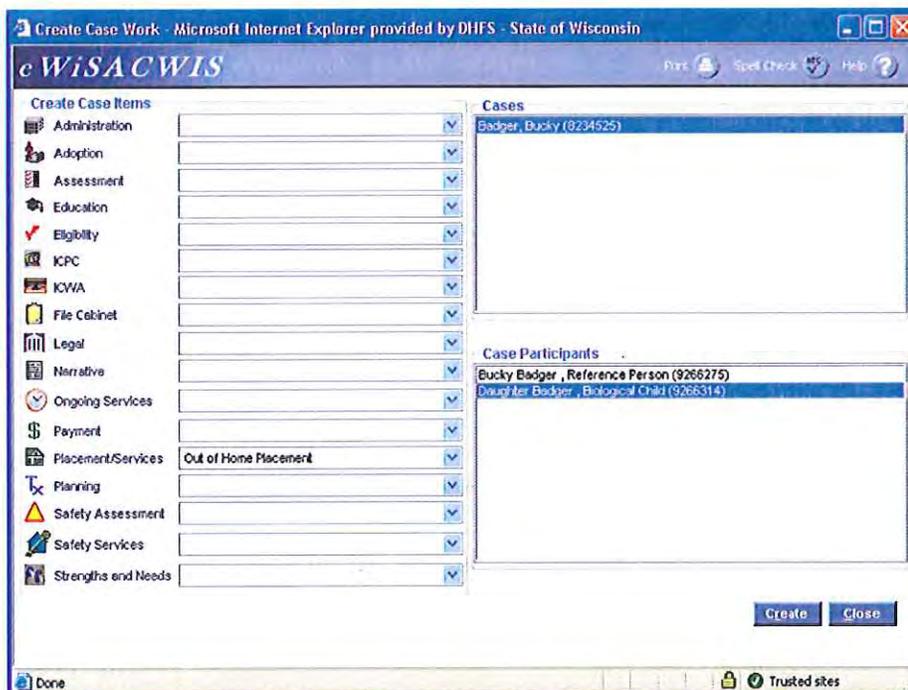
- Paid Service
- Licensed Service

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 1)

**Out of Home Placement**

**eWISACWIS**

Child: Badger, Daughter (9266314) Case Name: Badger, Bucky (8234525) Request Number:

Service Provider

**Placement Information**

County: Milwaukee Service Category: Foster Home - Level 1

Removed From Home: 12/05/2009 Service Type: Foster Home - Level 1

Placement Begin: 04/08/2010 Placement Setting: Fstr Fam Hm (Relative)

Placement End: 03/31/2010 Child Specific Rate: \$0.00 per

VPA Effective: 00/00/0000 Current Basic Rate: \$215.00 per month

Supplemental Amount: \$0.00

Exceptional Amount: \$0.00

Administrative Fee: \$0.00

Costs > Spending Limit: \$0.00

Current Monthly Payment: \$215.00

**Removal Reasons**

This is an Adoptive Placement

This is a CPS Non-Conforming Placement

This is an Emergency Situation

After Hours Placement

**Child Removal From Home Information**

Manner: Primary Caretaker:

Options: Go Save Close

Done Trusted sites 100%

# Out-of-Home Placement (Level 1)

**eWISACWIS - Windows Internet Explorer**

**eWISACWIS**

Case Work Provider Work Search

Create Maintain Utilities Adoption Search Help

**Jenny Weber's Desktop**

Date Restricted  Participant View  View Not Approved/Cancelled

Ticklers

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

Placements

Open Placements

Out of Home Placement - Foster Home - Level 1

04/08/2010 Provider, Auntie Badger, Daughter Milwaukee Approved

Closed Placements

Out of Home Placement - Kinship Care-Court Ordered

12/05/2009 04/05/2010 Provider, Auntie Badger, Daughter Milwaukee Provider Requested Change Closed

Related People

## Out-of-Home Placement (Level 2)

**Out of Home Placement**

**eWiSACWIS**

Child: Badger, Daughter (9286314) Case Name: Badger, Bucky (8234525) Request Number:

Service | **Provider**

**Placement Information**

County: Milwaukee

Removed From Home: 12/05/2009

Placement Begin: 04/08/2010

Placement End: 06/00/0000

VPA Effective: 00:00:0000

Service Category: Foster Home - General License

Service Type: Foster Home-Gen License 5-11 years old

Placement Setting: Fstr Fam Hm (Non-Rel)

Child Specific Rate: \$0.00 per

Current Basic Rate: \$381.00 per month

Supplemental Amount: \$0.00

Exceptional Amount: \$0.00

Administrative Fee: \$0.00

Costs > Spending Limit: \$0.00

Current Monthly Payment: \$381.00

**Removal Reasons**

This is an Adoptive Placement

This is a CPS Non-Conforming Placement

This is an Emergency Situation

After Hours Placement

**Child Removal From Home Information**

Manner:

Primary Caretaker:

Options:

Done Trusted sites 100%

## Out-of-Home Placement (Level 2)

**eWiSACWIS - Windows Internet Explorer**

**eWiSACWIS**

Case Work | Provider Work | Search

Create Maintain Utilities Adoption Search Help

**Jenny Weber's Desktop**

Date Restricted  Participant View  View Not Approved/Cancelled

Ticklers

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

Placements

Open Placements

**Out of Home Placement - Foster Home-Gen License 5-11 years old**  
04/06/2010 Provider, Auntie Badger, Daughter Milwaukee Approved

Closed Placements

**Out of Home Placement - Kinship Care-Court Ordered**  
12/05/2009 04/05/2010 Provider, Auntie Badger, Daughter Milwaukee Provider Requested Change Closed

Related People

# Clothing Allowance for Level 1

Create Case Work > Payment > Payment Request

Done Trusted sites 100%

# Clothing Allowance for Level 1

Options: Actions Approval

# Clothing Allowance for Level 1

The screenshot shows the eWiSACWIS web application interface. At the top, there is a blue header bar with the text "eWiSACWIS - Windows Internet Explorer" and the application logo "eWiSACWIS". To the right of the logo are icons for "Case Work", "Provider Work", and "Search". Below the header is a navigation menu with links for "Create", "Maintain", "Utilities", "Adoption Search", and "Help".

The main content area is titled "Jenny Weber's Desktop". Below this title are three checkboxes: "Date Restricted" (checked), "Participant View" (unchecked), and "View Not Approved/Cancelled" (unchecked).

There are two expandable sections: "Ticklers" and "Cases (1)". The "Cases (1)" section is expanded, showing a list of cases. The first case is "Badger, Bucky (8234525)" with a link to "Actions". Below this case are several menu items: "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", and "Payment". The "Payment" item is expanded, showing a sub-entry: "Payment - FH Clothing Allwnc 0-5 - Provider, Auntie (8034080)" with details: "Badger, Daughter 05/03/2010 - 05/03/2010 Provider, Auntie (8034080) 05/04/2010 \$263.00 Milwaukee". Other menu items include "Placements" and "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
  - [http://dcf.wisconsin.gov/memos/num\\_memos/DSP/2009/2009-11.pdf](http://dcf.wisconsin.gov/memos/num_memos/DSP/2009/2009-11.pdf)
  
- 2010 – 05 Levels of Care Initiative – Applicability to Tribes
  - [http://dcf.wisconsin.gov/memos/num\\_memos/DSP/2010/2010-05.pdf](http://dcf.wisconsin.gov/memos/num_memos/DSP/2010/2010-05.pdf)

### Informational Memos:

- DCF 2010 – 03 Levels of Care Foster Care Licensing Initiative
  - <http://dcf.wisconsin.gov/memos/infomemos/DSP/2010/2010-03.pdf>

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

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

DSP Memo Series 2009 - 11  
December 22, 2009  
Re: Levels of Care Foster  
Care Licensing Initiative

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  
Indian Child Welfare Directors  
Licensing Chiefs/Section Chiefs  
Tribal Chairpersons/Human Services Facilitators

From: Cyrus A. Behroozi   
Administrator

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:

Jónelle Q. Brom  
Out-of-Home Care Specialist  
Bureau of Permanence and Out of Home Care  
(608) 264-6933  
Email: [Jonelle.Brom@wisconsin.gov](mailto: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](mailto:Holly.Telfer@wisconsin.gov)

MEMO WEB SITE: <http://dcf.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

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

DSP Memo Series 2010 -05  
April 7, 2010  
Re: Levels of Care Initiative –  
Applicability to Tribes

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  
Indian Child Welfare Directors  
Licensing Chiefs/Section Chiefs  
Tribal Chairpersons/Human Services Facilitators

From: Cyrus A. Behroozi   
Administrator

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.

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#### DOCUMENT SUMMARY

This memo outlines requirements under Levels of Care that do not apply to tribally-administered Kinship Care programs.

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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](mailto: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](mailto:julie.majerus@wi.gov)

MEMO WEB SITE: <http://dcf.wisconsin.gov/memos>

Attachment: [Questions and Answers](#) (PDF)

#memo/dsp.2010/act 81.doc

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://dcf.wisconsin.gov/children/foster/levels\\_of\\_care/default.htm](http://dcf.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 6<sup>th</sup>, and April 19-20<sup>th</sup>. 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?lnk=2>

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  
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Phone: 608-264-6933  
E-Mail: [jonelle.brom@wisconsin.gov](mailto:jonelle.brom@wisconsin.gov)

MEMO WEB SITE:           <http://dcf.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 \(PDF\)](#)

## 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.

### I. CHILD IN PROVIDER'S CARE (LICENSURE REQUEST)

Name – Child (Last, First, MI)	Birthdate (mm/dd/yyyy)	Social Security Number
Date of Court Order (mm/dd/yyyy)	eWisACWIS Case Number	Court Case Number

Yes  No Does the child receive social security income (SSI) on his or her own behalf?  
 If "Yes", he or she is ineligible for Kinship Care payment.

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

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Asian                              |
| <input type="checkbox"/> Black / African-American         | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other                              |

Relationship to caregiver	Date began living with caregiver (mm/dd/yyyy)		
Name – Parent 1 of Minor Relative	Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street	City	State	Zip Code
Name – Parent 2 of Minor Relative	Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street	City	State	Zip Code

**II. CAREGIVER(S)**

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

Telephone Number – Home Telephone Number – Work Telephone Number – Cell

Yes  No Are you a relative of the child?  
If "Yes", specify relationship: Driver's License Number and State

Current Address – Street City State Zip Code

Mailing Address if Different Than Above

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

Address – Street City State Zip Code

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**

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

**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)

Employer	Position	Duties	Dates of Employment	Reason for Leaving

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

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

Name of Licensing Agency	Type	Date of Application	Period of Licensure	Closing Reason

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.

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

Telephone Number -- Home Telephone Number -- Work Telephone Number -- Cell

Yes  No Are you a relative of the child? .  
If "Yes", specify relationship: Driver's License Number and State

Current Address -- Street City State Zip Code

Mailing Address if Different Than Above

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

Address -- Street City State Zip Code

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**

- \_\_\_\_\_ 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
---------------------------------	--------------------------------	-------------------

**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)**

Employer	Position	Duties	Dates of Employment	Reason for Leaving

**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

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

Name of Licensing Agency	Type	Date of Application	Period of Licensure	Closing Reason

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.

Name – Last, First, MI (print)	Age	Gender	Birthdate (mm/dd/yr)	Lives in Home	For Those Living in the Home List Any Health Conditions and Medication
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List the names and information of ALL OTHER individuals living in your home.

Check if no additional people live in your home.

Name – Last, First, MI (print)	Age	Gender	Birthdate (mm/dd/yr)	Social Security Number	WI Driver's License OR State ID No. (if 18 or older)	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				

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.

**Household Monthly Expenses**

Rent or mortgage	\$
Heat and utilities	\$
Groceries	\$
Recreation / entertainment	\$
Transportation	\$
Installment purchases	\$
Savings	\$
Clothing	\$
Charitable contributions	\$
Insurance premiums	\$
Medical / dental	\$
Household expenses	\$
Education expenses	\$
Other expenses	\$
<b>Total</b>	\$

**V. DESCRIPTION OF CURRENT RESIDENCE**

Age of Home	Square Footage	Number of Bedrooms	Number of Bathrooms	Total Number of Rooms
-------------	----------------	--------------------	---------------------	-----------------------

Square Footage of Foster Youth Bedroom	Type of Home (House, apartment, duplex, mobile, town home)
--	--

Type of Plumbing / Septic	<input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing / septic up to code?
---------------------------	--

Type of Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No Electrical up to code?
--------------------	---

Type of Heating / Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> 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**

1. Name		Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street		City	State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?				
2. Name		Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street		City	State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?				
3. Name		Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street		City	State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?				

**VII. CONFIRMATION**

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).

SIGNATURE – Person Other Than Applicant(s) That Assisted In Completing Form	Relationship to Applicant(s)	Date Signed
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I attest that the information provided above is truthful and accurate to the best of my knowledge.

SIGNATURE – Caregiver 1	Date Signed
SIGNATURE – Caregiver 2	Date Signed
SIGNATURE – Caregiver 3	Date Signed

## 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. Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

### I. Child Information

Date Form Completed	Name – Agency		
Name – Child (Last, First, MI)	Birthdate – Child	Court Case Number	
eWISACWIS Case Number			

### II. Relative Caregiver Information

eWISACWIS Provider Number			
Name – Relative Caregiver 1 (Last, First, MI)			
Name – Relative Caregiver 2 (Last, First, MI)			
Address – (Street, City, State, Zip Code)			

### 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)

Explanation 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

Name – Agency		
Address – Agency		
Name – Licensing Worker	SIGNATURE – Licensing Worker	Date Signed
Name – Licensing Worker	SIGNATURE – Licensing Worker	Date Signed

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.

Name – Caseworker	SIGNATURE – Caseworker	Date Signed
Name – Supervisor	SIGNATURE – Supervisor	Date Signed

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://dcf.wisconsin.gov/publications/pdf/pcf\\_pfs0131.pdf](http://dcf.wisconsin.gov/publications/pdf/pcf_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

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.



### Fostering by Families

The Department of Children and Families recognizes and appreciates that families step up and care for each other in times of need. That's just what families do.

When a child welfare agency finds it necessary to remove a child from the birth parent due to abuse or neglect, the agency will first look to relatives to care for the child. The child welfare agency is required to notify adult relatives within 30 days of a child being removed from the parent and placed in out-of-home care. This notification ensures family members can be involved with the child while the parent makes the changes needed to again care for their child. Family members may be asked to become licensed foster parents for the child.

## 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 time frame 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 the 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].

Name of County	Date Form Completed (mm/dd/yyyy)
Name – County Contact	Telephone Number – County Contact
Email Address – County Contact	

**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.

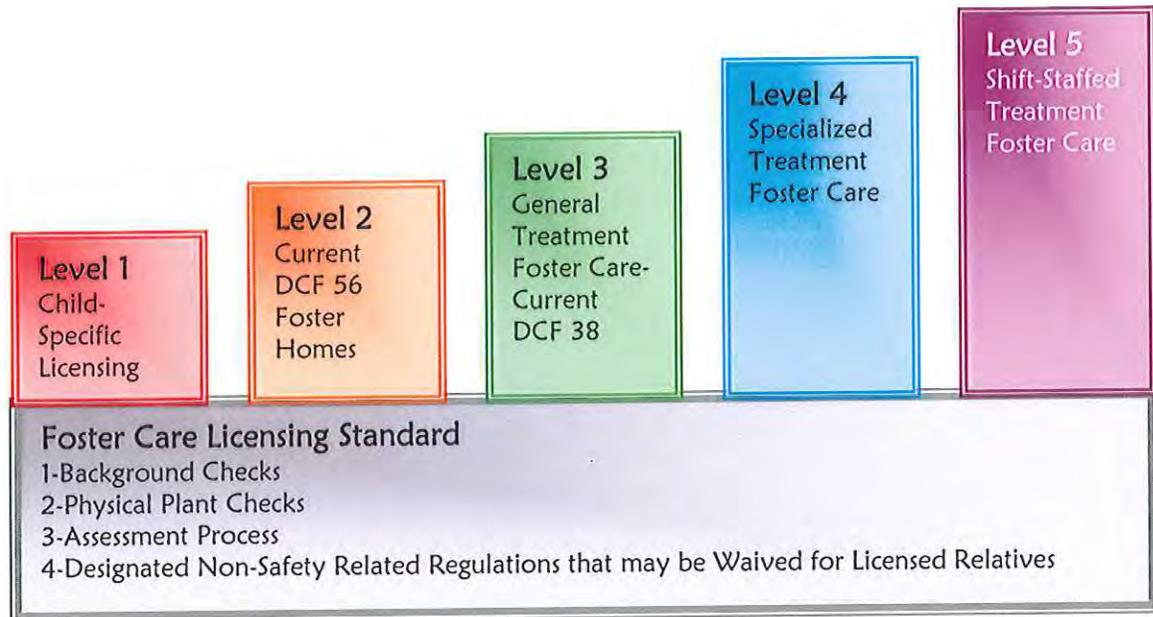
**Provide the following information for each request for assistance**

Name – Kinship Care Relative	eWISACWIS Provider Number	Address – Kinship Care Relative	Date – Kinship Care Annual Renewal (mm/dd/yyyy)

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

ATTN: Tammara LeMay  
 Department of Children and Families  
 Division of Safety and Permanence  
 P.O. Box 8916  
 Madison, WI 53708-8916

# Levels of Care Description



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.

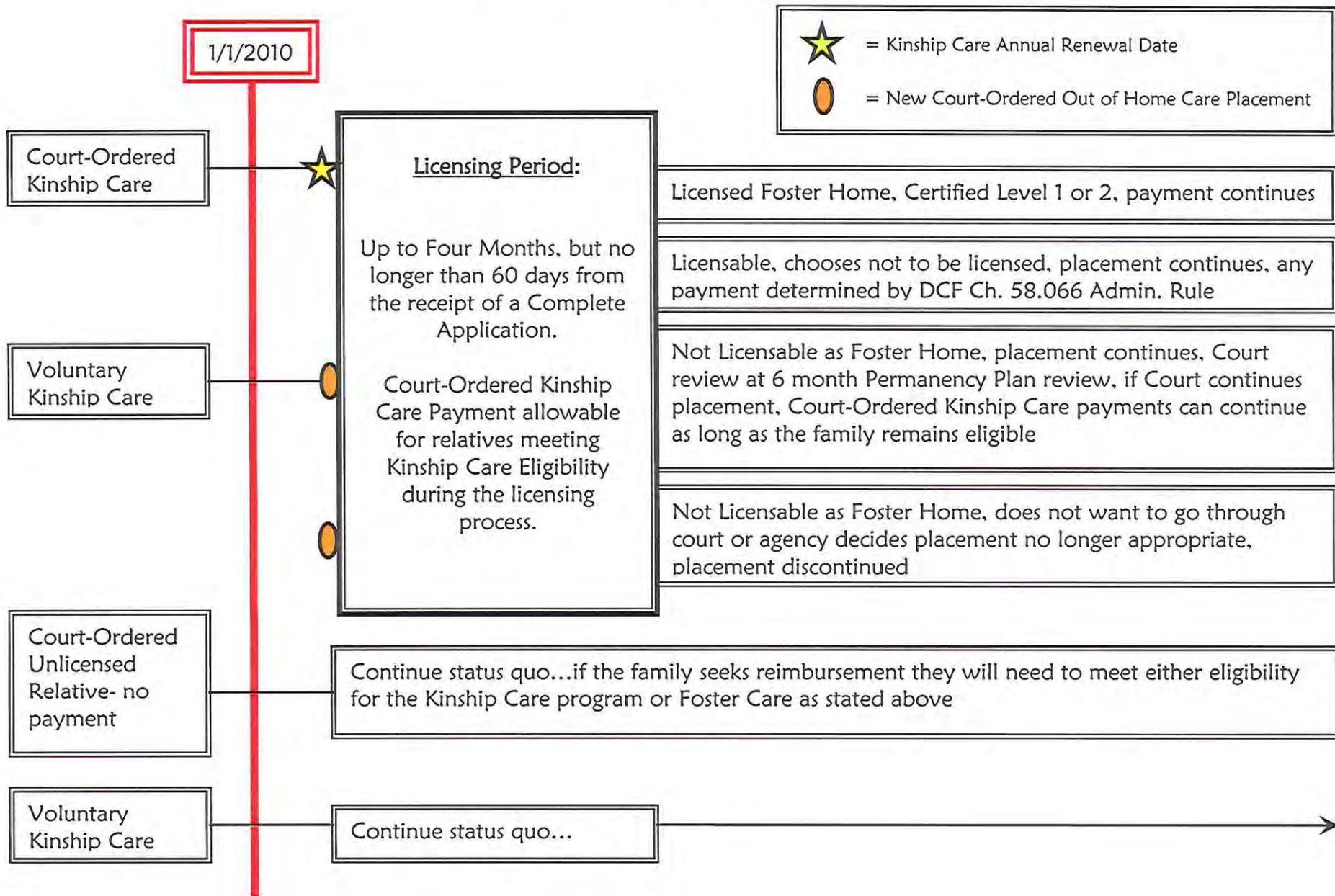
At each certification level, there are additional criteria and requirements for agencies and providers. For agencies, the certification levels will determine how supports and services are provided to the foster family. For providers, certification will look at their experience coming into the system, 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

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

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

# Levels of Care Licensing Initiative



## Levels of Care Conversion Overview

If....	Then:
<b>Court-Ordered Kinship Care</b>	
A provider is a Court-Ordered Kinship Care provider prior to January 1, 2010...	That provider will have to go through the Foster Care licensing process, starting no later than their annual renewal date in 2010.
A current Court-Ordered Kinship Care 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.
A current Court-Ordered Kinship Care 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, and the provider will not receive a payment unless they go through the process outlined in DCF Ch. 58.066 Admin. Rule.
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...	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.
<ul style="list-style-type: none"> <li>If the court continues the above placement....</li> </ul>	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.
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...	The placement will be discontinued.
<b>Voluntary Kinship that converts to Court-Ordered Kinship after 1/1/10</b>	
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.
<ul style="list-style-type: none"> <li>The above Voluntary Kinship provider is licensable under Foster Care licensing code...</li> </ul>	That provider will be licensed as a Foster Home and will be certified as a Level I or Level II provider.
<ul style="list-style-type: none"> <li>The above Voluntary Kinship provider is licensable under Foster Care licensing code, but chooses not to be licensed...</li> </ul>	The placement in that provider's home may continue if the licensing agency approves, but the provider will not receive a payment.
<ul style="list-style-type: none"> <li>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...</li> </ul>	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.
<ul style="list-style-type: none"> <li>If the court continues the above placement....</li> </ul>	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.
<ul style="list-style-type: none"> <li>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...</li> </ul>	The placement will be discontinued.
<b>Court-Ordered Unlicensed Relative</b>	
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.
<b>Voluntary Kinship Care</b>	
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.