

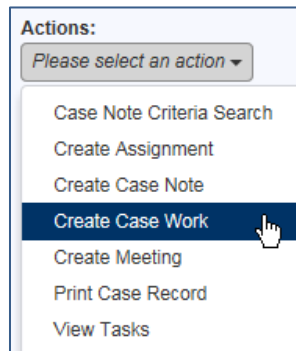
Info for Out-of-Home Care Providers – Part A & Part B

Note: In order to create the Info to Out-of-Home Care Providers pages, an assignment to the case is needed.

Info for Out-of-Home Care Providers – Part A

Note: Only one page is created per child. If the child changes placement, you can update the page to reflect any additional/updated information.

1. From the desktop, go to the Cases tab and click the Create case work hyperlink [Create case work](#) or select Create Case Work from the Actions drop-down next to the specific case to open the Create Case Work page.



2. On the Create Case Work page, select Info for Out-of-Home Care Providers – Part A from the Planning drop-down. Select the appropriate Case and the Case Participant. Click Create. This will open the Information for Out-of-Home Care Providers – Part A page.

Create Case Work - Internet Explorer

eWiSACWIS Print Help

Create Case Items

- Administration
- Adoption
- Agreements/Notices
- Assessment
- Case/Perm Plan
- Education
- Eligibility
- ICPC
- ICWA
- Imaging
- Legal
- Narrative
- Payment
- Permanency Consult
- Placement/Services
- Planning

Cases

- Abby, Alice N. (9222756)
- Abby, Art J. (9221155)
- Adopted, Alvin L. (9221301)
- Adopted, Annie (9221302)
- Ash, Anna (20238)
- Ashland, Frida (9221256)
- Badger, Bucky (9222456)
- Bagel, Brother (9222114)

Case Participants

- Abby, Adopt 0., Biological Child (9225814)
- Abby, Alex A., Biological Child (9225927)
- Abby, Alice N., Reference Person (700040)
- Abby, Martin, Biological Child (9226498)
- Abby, Unborn, Biological Child (9227079)

- Fields that cannot be changed, pre-fill from Person Management page for the child. Fields that can be changed pre-fill from the most recent pending or completed Family Interaction Plan. To update any information in fields that are disabled (e.g. Physical Description), you will need to access and update it via Person Management. Information in fields that are enabled can be edited directly on the online page.
 - To access the child's Person Management page, click the Child Name hyperlink in the Basic groupbox at the top of the page or click the 'Modify' hyperlink in the groupbox where the identified change is needed.

eWiSACWIS x Information for Out-of-Home Care x +

eWiSACWIS TM Print Help

Basic

Child Name: [Abby, Alex A. \(9225927\)](#) Date Form Filled Out: 06/06/2022 Updated By: Cake, Caitlin C. 06/06/2022

Case Name: [Abby, Alice N. \(9222756\)](#) ☐ Check for required fields Date Placed in Care: 12/03/2014

General **All About Me** **Contacts** **Medical Info** **Additional Info** **Prudent Parenting**

Child Information

Birth Date: 08/05/2002 Pronouns: He/Him/His Chosen Name: Alexandria Abby [Modify](#)

Primary Language: English Secondary Language(s): Italian, French, German

Tribal Affiliation: Menominee - Member; Ho-Chunk - Eligible for membership, not a member

Spiritual or Religious Affiliation: Baptist Preferred Place of Worship: First Baptist of Rhinelander

Physical Description:

Height: 4 feet 2 inches ; Weight: 95; Eye Color: Brown; Hair Color: Blonde; Physical Description...

The child was previously under a guardianship. No The child was previously adopted. No

Provider Name(s): Madison RCC [Search](#) [Remove](#)

Options:

4. To update the 'Physical Description' click on the Modify hyperlink to go to the Person Management page and select the Additional tab.

Note: The Height, Weight, Eye Color and Hair Color fields on the Additional tab will also pre-fill as static text in the 'Physical Description' box on the General tab on Part A.

General **All About Me** **Contacts** **Medical Info** **Additional Info** **Prudent Parenting**

Child Information

Birth Date: 08/05/2002 Pronouns: He/Him/His Chosen Name: Alexandria Abby [Modify](#)

Primary Language: English Secondary Language(s): Italian, French, German

Tribal Affiliation: Menominee - Member; Ho-Chunk - Eligible for membership, not a member

Spiritual or Religious Affiliation: Baptist Preferred Place of Worship: First Baptist of Rhinelander

Physical Description:

Height: 4 feet 2 inches ; Weight: 95; Eye Color: Brown; Hair Color: Blonde; Physical Description...

Person Management 'Abby, Alex A.' ID:9225927

TM Print Help

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

AKA Names

Entry Date	Type	First Name	Last Name	MI	Delete
07/22/2014	Previously Known As	Alex	Abby	A	Delete

[Insert](#)

Background Checks

Physical Description

Last Updated By: Cake, Caitlin C. 01/05/2018

Height: 4 feet 2 inches Weight: 95 pounds Eye Color: Brown Hair Color: Blonde

Physical Description (e.g. clothing, glasses, hairstyle/color, teeth, braces, scars, tattoos, body piercing(s), acne, freckles, birthmarks, discolorations, injuries, etc.):

Physical Description...

Child/Youth Image

Child Information

☒ **Expecting Youth** [Details](#) Date Last Updated: 09/23/2021 CARES PIN:

Options: [Go](#)

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

- The entire 'All About Me' tab is optional and user entered. The information to complete this tab should be obtained from the child/youth.

eWiSACWIS Information for Out-of-Home Care

eWiSACWIS TM Print Help

Basic

Child Name: [Abby, Alex A. \(9225927\)](#) Date Form Filled Out: 06/06/2022 Updated By: Cake, Caitlin C. 06/06/2022

Case Name: [Abby, Alice N. \(9222756\)](#) ☐ Check for required fields Date Placed in Care: 12/03/2014

General **All About Me** Contacts Medical Info Additional Info Prudent Parenting

Information entered on this tab is optional and should be gathered from the child or youth.

All About Me

In my free time I like to (i.e. play sports, hang out with friends, visit family, play games, go outside, etc.):

My best friends are:

Some of my favorite foods and meals are:

Some foods and meals I really dislike are:

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

6. The information on the 'Contacts' tab is obtained from both Person Management and the most recent Family Interaction Plan (pending or completed). The Emergency Contact Information is required on the person management page. Click the Modify link to update the emergency contact on the Medical/Mental Health tab of the person record.

The Persons Allowed to have Contact with Child group box is prefilled from the most recent Family Interaction Plan or can be user entered by clicking the Insert button.

The screenshot displays the 'eWiSACWIS' web application interface, specifically the 'Contacts' tab for a child's record. The top navigation bar includes the 'eWiSACWIS' logo and user options like 'TM', 'Print', and 'Help'. Below the navigation bar, the 'Basic' section contains fields for 'Child Name' (Abby, Alex A. (9225927)), 'Date Form Filled Out' (06/06/2022), 'Updated By' (Cake, Caitlin C. 06/06/2022), 'Case Name' (Abby, Alice N. (9222756)), a 'Check for required fields' checkbox, and 'Date Placed in Care' (12/03/2014). The 'Contacts' tab is selected, showing a table for 'Emergency Contact Person(s)' with one entry: Tessie Testimonial, Guardian, C: (123) 456-7899. A 'Modify' link is next to this entry. Below this is the 'Persons Allowed to have Contact with Child' section, which contains a table with two entries: a blank name, a dropdown for 'Relationship', and a 'Type of Contact' field. Each entry has a 'Delete' link. An 'Insert' button is located at the bottom right of this section. At the very bottom, there is a 'Prohibited or Restricted Contacts and Visitors' section with an 'Options' dropdown and a 'Go' button. The bottom right corner features 'Save', 'Close', and 'Insert' buttons.

Child Name: [Abby, Alex A. \(9225927\)](#) Date Form Filled Out: 06/06/2022 Updated By: Cake, Caitlin C. 06/06/2022

Case Name: [Abby, Alice N. \(9222756\)](#) ☐ Check for required fields Date Placed in Care: 12/03/2014

General All About Me **Contacts** Medical Info Additional Info Prudent Parenting

Emergency Contact Person(s)

Name	Relationship	Telephone Numbers(s)	
Tessie Testimonial	Guardian	C: (123) 456-7899	Modify

Persons Allowed to have Contact with Child

Name	Relationship	Type of Contact	
			Delete
Test Name	Former Brother-in-law		Delete

[Insert](#)

Prohibited or Restricted Contacts and Visitors

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

7. The Modify links on the 'Medical Info' tab take you to the 'Medical/Mental Health' tab of Person Management, as this is where most of the information on this page is pre-filled from.

eWiSACWIS

Information for Out-of-Home C...

eWiSACWIS

TM

Print

Help

Basic

Child Name: [Abby, Alex A. \(9225927\)](#) Date Form Filled Out: 06/06/2022 Updated By: Cake, Caitlin C. 06/06/2022

Case Name: [Abby, Alice N. \(9222756\)](#) ☐ Check for required fields Date Placed in Care: 12/03/2014

General

All About Me

Contacts

Medical Info

Additional Info

Prudent Parenting

Primary Medical Providers

Name - Physician / Clinic:

Address:

Telephone:

Date of last exam:

Name - Dentist / Dental Clinic:

Address:

Telephone:

Date of last exam:

Name - Mental Health Provider:

Address:

Telephone:

Date of last exam:

☐ Yes ☐ No ☐ N/A

Is the out-of-home care provider expected to participate in therapy with the child?

doctorfeelgood

C/O: C/O: test, test test, test, Spring Valley, WI 54767

(608) 555-1212 Ext. 12

08/01/2017

Modify

Other Physical or Mental Health Specialists or Clinics

Name	Specialty	Telephone	Ext
------	-----------	-----------	-----

Preferred Hospital / Clinic

Note: Use of a hospital may be dictated by insurance company/plan.

Name:

Address:

Telephone:

Health Insurance Coverage

☐ Yes ☐ No

Has the out-of-home care provider been given the child's MA card (regular or temporary)?

Describe how and when it will be provided.

Modify

Other Health Insurance Provider	Telephone	Policy Number	Group Number
test			

Options:

Go

Save

Close

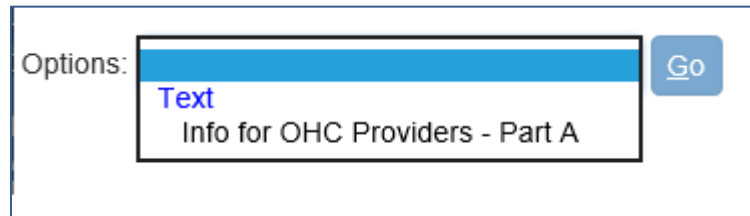
8. The 'Additional Info' tab mostly pre-fills from the child's education history on Person Management. The Modify link takes you to the 'Education' tab of the Person Management page. Some fields on this tab are pre-filled with the information on the Maintain Education History page for the child. This is accessed by clicking the edit hyperlink in the 'School History' group box of the person management page, Education tab.

The screenshot shows the eWiSACWIS interface with the 'Additional Info' tab selected. The 'Basic' section at the top contains fields for Child Name (Abby, Alex A. (9225927)), Date Form Filled Out (06/06/2022), Updated By (Cake, Caitlin C. 06/06/2022), Case Name (Abby, Alice N. (9222756)), a checkbox for 'Check for required fields', and Date Placed in Care (12/03/2014). Below this is a navigation bar with tabs: General, All About Me, Contacts, Medical Info, Additional Info (selected), and Prudent Parenting. The 'School/Child Care Information' section includes a 'Modify' link, a text area for 'School/Child Care Currently Attending or Most Recently Attended', and fields for Name (New Auburn Jr-Sr High), Address (704 N East St - New Auburn, WI 54757), Telephone (715) 237-2505, Grade Level (Birth to three), School Contact (Cory Martens), and Contact Information (715) 237-2505. There are also three checkboxes for school notification and child care attendance, all marked 'No'. At the bottom, there is an 'Options' dropdown and 'Save' and 'Close' buttons.

9. All fields on the 'Prudent Parenting' tab are user entered and required.

The screenshot shows the eWiSACWIS interface with the 'Prudent Parenting' tab selected. The 'Basic' section at the top is identical to the previous screenshot, but the 'Check for required fields' checkbox is highlighted with a red box. The navigation bar is the same. The 'Prudent Parenting' section includes a heading 'The following information is required to meet Reasonable and Prudent Parent standards.' and two main sections: 'Cultural, Religious, and Tribal Considerations' and 'Recreational Activities'. The 'Cultural, Religious, and Tribal Considerations' section has a text area for 'For this child, take into account the following cultural, religious, and tribal considerations when making prudent parenting decisions: Details'. The 'Recreational Activities' section has a text area for 'This child engages in or would like to participate in the following recreational activities, sports, and/or extra-curricular activities (e.g. birthday parties, movies, volunteering, dances, etc.):' and another text area for 'For this child, consider the restrictiveness of the placement and whether he/she has the necessary training and safety equipment to safely participate in the activity under consideration.' At the bottom, there is an 'Options' dropdown and 'Save' and 'Close' buttons.

10. Once all of the tabs on Part A have been completed, check the 'Check for required fields' checkbox and click on the Save button. If all fields have been properly completed, the checkbox will remain checked. If not, an error message will display and the checkmark will be cleared from the field.
11. All information contained on Part A pre-fills into the template located in the 'Options' drop-down at the bottom of the page. To open and/or print the template, select "Info for OHC Providers – Part A" from the drop-down and click on the Go button.

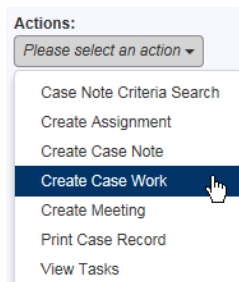


The image shows a user interface element labeled "Options:". To its right is a drop-down menu with a blue header bar. The menu is open, showing two options: "Text" in blue text and "Info for OHC Providers - Part A" in black text. To the right of the drop-down menu is a blue button with the text "Go".

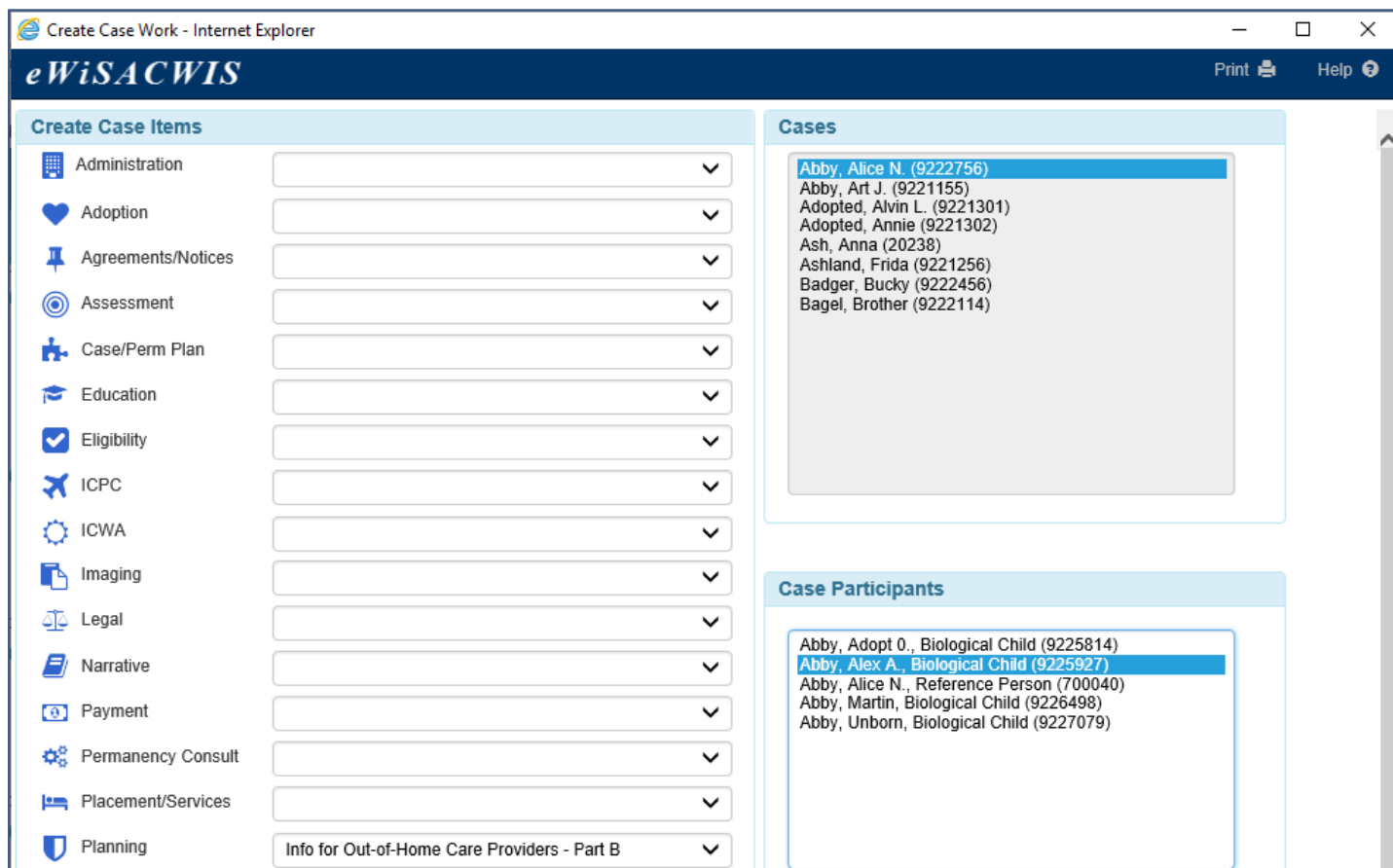
Info for Out-of-Home Care Providers – Part B

Note: Only one page is created per child. If the child changes placement, you can update the page to reflect any additional/updated information.

1. From the desktop, go to the Cases tab and click the Create Case Work hyperlink [Create case work](#) or select Create Case Work from the Actions drop-down next to the specific case to open the Create Case Work page.



2. On the Create Case Work page, select Info for Out-of-Home Care Providers – Part B from the Planning drop-down. Select the appropriate Case and the Case Participant. Click Create. This will open the Information for Out-of-Home Care Providers – Part B page.



Create Case Items	
Administration	
Adoption	
Agreements/Notices	
Assessment	
Case/Perm Plan	
Education	
Eligibility	
ICPC	
ICWA	
Imaging	
Legal	
Narrative	
Payment	
Permanency Consult	
Placement/Services	
Planning	Info for Out-of-Home Care Providers - Part B

Cases
Abby, Alice N. (9222756)
Abby, Art J. (9221155)
Adopted, Alvin L. (9221301)
Adopted, Annie (9221302)
Ash, Anna (20238)
Ashland, Frida (9221256)
Badger, Bucky (9222456)
Bagel, Brother (9222114)

Case Participants
Abby, Adopt 0., Biological Child (9225814)
Abby, Alex A., Biological Child (9225927)
Abby, Alice N., Reference Person (700040)
Abby, Martin, Biological Child (9226498)
Abby, Unborn, Biological Child (9227079)

3. If a more recent CANS has been approved since the Part B record was created and saved, on launch a message displays asking if the new information should update onto Part B. If you select Yes, the radio button selections that pre-fill from the CANS will be updated; however, the narratives will not.

Confirmation

A more recent CANS has been approved for this child since the last time this page was accessed. Do you want to reset the radio button selections for each category that prefills from CANS? Previously selected choices will be lost.

YesNo

4. Fields that cannot be changed pre-fill from Person Management page for the child. Fields that can be changed pre-fill from the most recent qualifying CANS (*approved within the last 12 months*). To update any information in fields that are disabled (e.g. Physical Description), you can access and update it via the Person Management page. Information in fields that are enabled can be edited directly on the online page.
- To access the child's Person Management page, click the Child Name hyperlink in the Basic groupbox at the top of the page or click the 'Modify' hyperlink in the groupbox where the identified change is needed.

The screenshot displays the eWiSACWIS interface. At the top, the 'Basic' groupbox contains the child's name 'Abby Alex A. (9225927)' and the case name 'Abby, Alice N. (922756)'. Below this, a tabbed interface shows 'General', 'Trauma', 'School/Child Care', 'Life Functioning', 'Acculturation', 'Emotional/Behavioral', and 'Provider Summary'. The 'Child Information' section is expanded, showing fields for Birth Date (08/05/2014), Race (White), Gender (Male), Ethnicity (German), and SSN. A 'Modify' link is visible next to the SSN field. The 'Placement Reason(s)' section is also visible, containing various checkboxes for reasons like Child abuse or neglect, Behavioral needs, and Illness of primary caregiver. At the bottom, there are fields for 'Nature of Offense(s)' and 'Options', along with 'Save' and 'Close' buttons.

5. All fields on the 'Trauma' and 'School/Child Care' tabs are pre-filled from the CANS and are user editable.

General	Trauma	School/Child Care	Life Functioning	Acculturation	Emotional/Behavioral	Provider Summary
Sexual Abuse History						
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	History of sexual abuse			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Any involvement of the child as a victim in sexual intercourse, sexual contact, prostitution (s. 944.30), sexual exploitation of a child, causing a child to view or listen to sexual activity (s. 948.055)			
			Specify			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Perpetrator was known to the child (e.g. close relationship, family, etc.)			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Abuse occurred multiple times			
			Specify			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Abuse occurred over a period longer than 6 months			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Threat of force or physical force was used during the abuse			

General	Trauma	School/Child Care	Life Functioning	Acculturation	Emotional/Behavioral	Provider Summary
Sexual Abuse History						
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	History of sexual abuse			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Any involvement of the child as a victim in sexual intercourse, sexual contact, prostitution (s. 944.30), sexual exploitation of a child, causing a child to view or listen to sexual activity (s. 948.055)			
			Specify			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Perpetrator was known to the child (e.g. close relationship, family, etc.)			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Abuse occurred multiple times			
			Specify			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Abuse occurred over a period longer than 6 months			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Threat of force or physical force was used during the abuse			

6. Fields on the 'Life Functioning' tab are pre-filled from either the CANS or Person Management. The 'Modify' links bring the worker to the appropriate tab of Person Management to update the information as needed.

General	Trauma	School/Child Care	Life Functioning	Acculturation	Emotional/Behavioral	Provider Summary
Developmental						
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Significant delays in cognitive functioning			
			Specify			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Reliant on caregiver to function			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Unable to indicate wants and/or needs			
			Specify			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Difficulty understanding simple routines or simple tasks			
			Specify			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Meets diagnostic criteria for autism order			
			Specify			

7. All fields on the 'Acculturation' tab are pre-filled from the CANS and are user editable.

General		Trauma		School/Child Care		Life Functioning		Acculturation		Emotional/Behavioral		Provider Summary	
Acculturation													
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	English as a second language / needs a translator										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Struggles with cultural identity										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Needs assistance with creating connections to others who share his / her cultural identity										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Needs support to practice cultural rituals										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Other										
			Specify										

8. Fields on the 'Emotional/Behavioral' tab are pre-filled from either the CANS or Person Management. The 'Modify' links on this tab bring the worker to the appropriate tab of Person Management to update the information as needed.

General		Trauma		School/Child Care		Life Functioning		Acculturation		Emotional/Behavioral		Provider Summary	
Attachment													
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Lack of concern for others, lack of remorse or conscience										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Difficulty communicating with others, does not vocalize or maintain eye contact										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Avoids emotional situations and personal relationships										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excessively/inappropriately seeks attention										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Difficulty establishing and maintaining attachment to caregiver										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Over or under-reacts to separation from caregiver during transitions										

9. All fields on the 'Provider Summary' tab are user entered.

General		Trauma		School/Child Care		Life Functioning		Acculturation		Emotional/Behavioral		Provider Summary	
Out-of-Home Care Provider Qualifications or Needs													
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Frequent and long distance transportation										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Frequent family interaction visits										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Transportation to school of origin										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Involvement in medical or therapy appointments										
			Specify										
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Other										
			Specify										

10. All information contained on Part B pre-fills into the template located in the 'Options' drop-down at the bottom of the page. To open and/or print the template, select "Info for OHC Providers – Part B" from the drop-down and click on the Go button.

Options:

Text

Info for OHC Providers - Part B

Go

Imaging

If you want to document the forms that are printed out and given to the provider, you can upload the documents as images. Two image types for Part A and B are under the "Planning" category.

Imaging Search - Internet Explorer

eWiSACWIS

Print Help

Search Criteria

Search by: Person

Name: Aardvark, Abigail A., III (9226560) [Person Search](#)

Start Date: 01/01/1970 End Date: 07/30/2020

Category:

Participant Document

Permanency Consultation

Placement/Services

Planning

Private Case Adoption

Safety

Subsidized Guardianship

Type:

Correspondence

Info for OHC Providers - Part A

Info for OHC Providers - Part B

Other - Planning



Hold down the 'Ctrl' key for multi-selection

Search

Results

Create Close

Imaging

Resource  Print  Help

Participant Details

Name: Aardvark, Abigail A., III (9226560)

Worker: Caitlin C. Cake


Case: Aardvark, Amy B. (9222873) CPS Family - 

Image Details

Date of Document: 07/30/2020

Category: Planning

Type:

Correspondence

Info for OHC Providers - Part A

Info for OHC Providers - Part B

Other - Planning

File Name:

Browse

Comments:

Last Updated By:

Delete

Create

Save

Close