

eWiSACWIS Webinar

February 2025



Wisconsin Department of Children and Families

Agenda

- February 2025 Release
- Development Roadmap for 2025
- Recurring Webinar Series



February 2025 Release



Topics

- Quality Case Plan
- Safety
- Independent Living



Quality Case Plan



Wisconsin Department of Children and Families

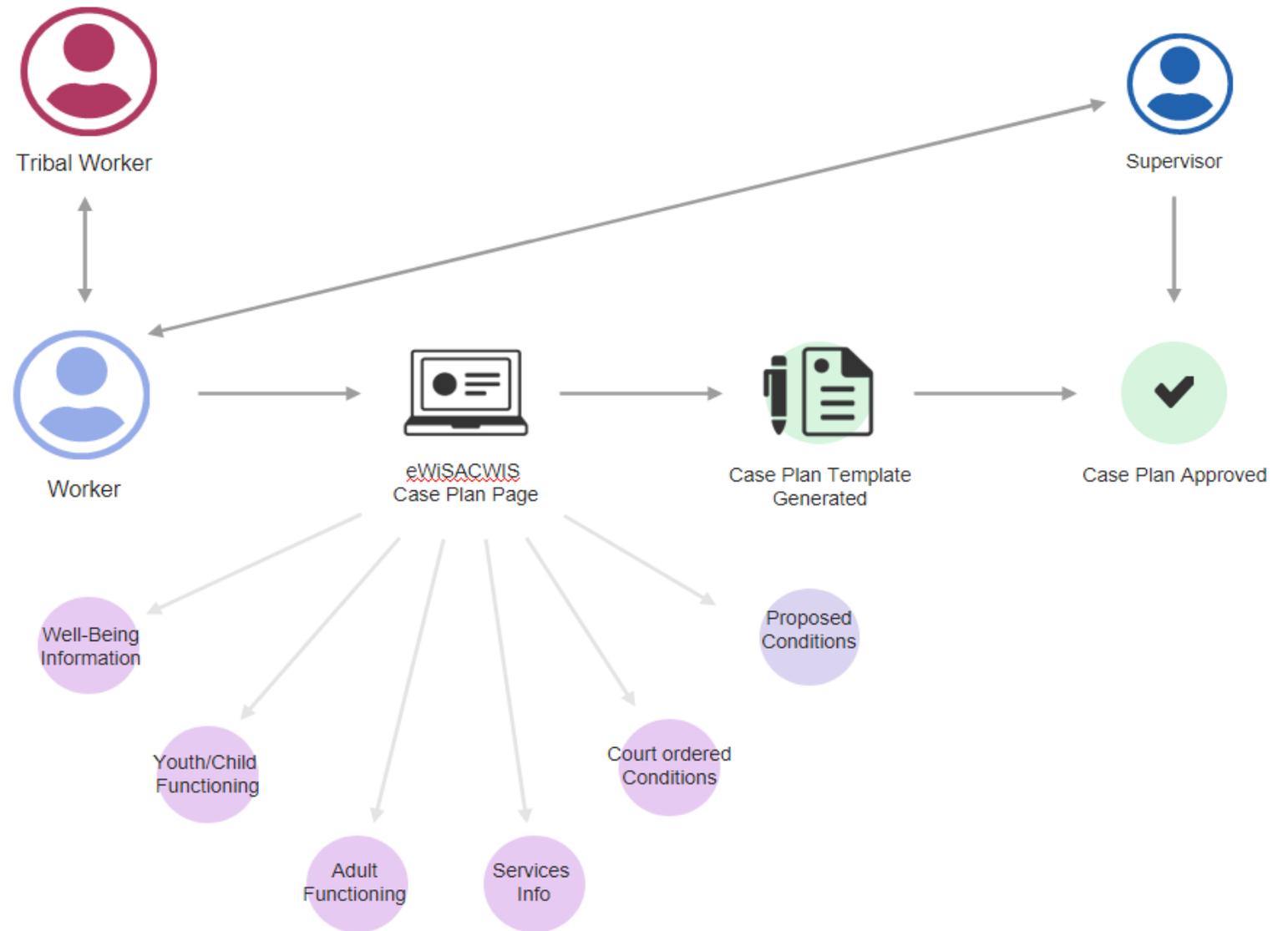
Workflow Walkthrough

Quality Case Plan



Wisconsin Department of Children and Families

- The Quality Case Planning process is streamlined to help the Child Welfare Professional reduce repetitive documentation, while modifying the Case/Permanency Plan to be specific to a family's unique needs.



Confirmation message when the Plan Date entered is over one year in the past.

Confirmation

The Plan Date should not exceed more than one year in the past. Do you want to continue?

Yes

No

Template print version with modified layout and language changes

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

dcf.wisconsin.gov

Family Case Plan

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

Court File Number	Branch Number	Full Name – Judge
Family Case Name:		eWISACWIS Case ID:
Full Name (Last, First Middle)		Birth Date
Chosen Name		Pronouns
Date –Family Case Plan		Name – Agency
Full Name – Child Welfare Professional		Full Name – Supervisor

SAFETY

1. Yes No A plan is necessary to maintain the _____'s safety and mitigate the imminent risk of removal and entry into out of home care.

2. **Safety Services**
The Identified Safety Threat, Diminished Protective Capacity, and the associated Safety Service / Action Type, Safety Service Provider, and the specific explanation of the safety service / action and how it will control the threat identified are listed below:

Identified Safety Threat

Safety Service / Action Type	Safety Service Provider
------------------------------	-------------------------

Describe the availability, accessibility and suitability of the safety service provider involved.

Specifically explain the safety service / action and how it will control the threat identified.

Type of Diminished Protective Capacity: _____

Parent / Caregiver Protective Capacity was assessed, and enhancement is needed in the following area(s): _____

Demonstrated Behavioral Change needed for safe case closure.

3. **Safety Decision**

In-home Safety Plan remains sufficient, feasible, and sustainable
 In-home Safety Plan revised
 Placement in out-of-home care is indicated
 Safe case closure

PLANNING AND SERVICES

Identify and describe the court ordered objectives, the actions taken, and the services offered or provided by the agency in the previous six months and those to be provided in the next six months to achieve the goal(s) of the Family Case Plan, including services that were recommended or considered but were not available.

Describe the _____'s general functioning.

Name of _____: _____

Condition: _____

Service category: _____
Title IV-E Prevention Clearinghouse Service: _____
Specifically explain service: _____
Responsible person / provider: _____

DCF-F-2828-E (R.02/2025) 1

Frequency / Duration: _____
Begin date: _____ Target end date: _____
Status of service: _____

For each parent / caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent / caregiver protective capacities impact impending danger threats (foreseeable danger) to safety.

Name of Parent / Caregiver: _____

Condition: _____

Service category: _____

Title IV-E Prevention Clearinghouse Service: _____

Specifically explain service: _____

Responsible person / provider: _____

Frequency / Duration: _____

Begin date: _____ Target end date: _____

Status of service: _____

OUT-OF-HOME CARE PLACEMENT SERVICE HISTORY

Begin Date	End Date	Service Type	Service Provider
_____	_____	_____	_____

WELL-BEING:

1. _____'s Health Summary

a. Check each item below that applies.

_____ has chronic physical, mental or emotional issues. Describe in detail. _____

_____ has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail. _____

Yes No Is the _____ prescribed medication? If "Yes", provide the following information on all prescription medications:

Name of Medication	Dosage / Frequency	Psychotropic	Reason Medication is Prescribed	Length Prescribed	Physician / Address
_____	_____	_____	_____	_____	_____

b. Provide the name and address of current health care providers.

c. **Immunization Information**

Yes No _____'s immunizations are up-to-date. If "Yes," as of _____.

If "No," describe why immunizations are not up-to-date and how and when this will be rectified. _____

Yes No Parent(s) prefer that the _____ not be vaccinated.

d. **Immunization Record**

Immunization	Date(s) Administered
_____	_____

2. _____'s Educational Summary

a. _____

b. Provide name and address of current school or special education providers.

c. Describe current academic performance. Include grade level, special achievements and current educational difficulty(s). Indicate the date and source of your information.

Current or most recent grade level: _____

DCF-F-2828-E (R.02/2025) 2



Modified Page: Case/Permanency Plan Page

Basic

Case Name: [Abby, Alice, N. \(9222744\)](#) Plan Type: CPS, IH Plan Date: 07/18/2024 [Details](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Check for required fields

Basic Safety Planning & Services Well-Being

ICWA/WICWA Considerations

Are there any Indian Child Welfare Act considerations with this child? No [Modify](#)

AssessmentTest, Test

Name: [AssessmentTest_Test \(9235042\)](#)

Chosen Name: Ace Green Display: [Details](#)

Pronouns: She/Her/Hers Display: [Details](#)

Person Type: CW, CPS

Birth Date: 07/07/2005

Age: 19

Court Information

Court File Number(s)	Branch	Judge	Legal Record
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[Add/Edit](#)

[Add/Edit](#)

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

Actions

- Approval
- Text**
- Family Case Plan
- History of Planning and Services

Modified Page: Case/Permanency Plan Page > Basic Tab

Basic

Case Name: [Abby, Alice, N. \(9222744\)](#) Plan Type: CPS, IH Plan Date: 07/18/2024 [Details](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Check for required fields

Basic Safety Planning & Services Child's Well-Being

ICWA/WICWA Considerations

Are there any Indian Child Welfare Act considerations with this child? No [Modify](#)

AssessmentTest, Test

Name:	AssessmentTest_Test (9235042)	Display: <input checked="" type="checkbox"/>	Details
Chosen Name:	Ace Green	Display: <input type="checkbox"/>	Details
Pronouns:	She/Her/Hers		
Person Type:	CW, CPS		
Birth Date:	07/07/2005		
Age:	19		

Court Information

Court File Number(s)	Branch	Judge	Legal Record

[Add/Edit](#)

[Add/Edit](#)

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

Details Flare Language:

"Before selecting to display Chosen Name, ensure that the individual understands the impact of having their chosen name displayed on the Family Case Plan document, has requested the name to be known, and consents."

Modified Page: Child/Youth OR Parents/Caregivers Conditions and Services page

Conditions and Services Print

Court Condition

Check for required fields

Condition:	Child: Child Name 1; Child Name 2. Add/Edit	<input type="radio"/> Court-Ordered	<input checked="" type="radio"/> Proposed	<input type="radio"/> Child Services	
	<p> Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged.</p>				Condition 1 of 2 Delete

Services

Service Category:	To Be Determined	Applies To: Child Name 2 Add/Edit	Delete	Service 1 of 1
Specifically Explain Service and Describe Progress:	<p> There are many variations of passages of Lorem Ipsum available, but the majority have suffered alteration in some form, by injected humour, or randomised words which don't look even slightly believable.</p>			
Responsible Person/Provider:	<input type="radio"/> Provider <input type="radio"/> Medical/Mental Health Provider <input checked="" type="radio"/> Case Part./Collateral <input checked="" type="radio"/> Child Welfare Professional			Name: AdoptR 0 Abby R Search
Frequency/Duration:	1	Hours per Week		
Begin Date:	08/23/2024	Target End Date:	00/00/0000	
Actionable Items from CANS:	<p> Witness to Community Violence (lifetime) (Child/Youth Needs - Trauma)</p>			Add/Edit
Status of Service:	New: New service will begin in the next six months:			

[Insert Service](#)

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

New Page: Conditions and Services > Parents/Caregivers

Parents/Caregivers Print 

Participants

<input type="checkbox"/> Select All	Person Name 	Relationship	DOB
<input checked="" type="checkbox"/>	Ace, Willy	Guardian	07/03/1999
<input type="checkbox"/>	Berenger, Tom	Reference Person	01/01/1980
<input type="checkbox"/>	Lai, Lucy	Aunt	02/08/1999
<input checked="" type="checkbox"/>	Madness, April	Biological Child	01/12/2022
<input type="checkbox"/>	Maya, Sister	Foster Child	01/01/2004

[Continue](#) [Close](#)

Modified Page: Case/Permanency Plan Page > Planning & Services Tab

Basic

Case Name: [Abby, Alice N. \(9222744\)](#) Plan Type: CPS, IH Plan Date: 08/01/2024 [Details](#)

Case Notes: [Safety](#), [Case/Permanency Planning](#), [Well-being](#), [Case Note Search](#) Check for required fields

Basic

Safety

Planning & Services

Child's Well-Being

Parents/Caregivers Conditions & Services

Condition:
Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum. [Edit](#)

Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Abby, Alice N.; Corn, Conn C., Jr.	Alice N Abby;Conn C Corn, Jr.	08/29/2024	
Service Category	Applies To:	Specifically Explain Service	Status of Service
AODA Assessment/Services	Corn, Conn C., Jr.	It is a long established fact that a reader will be distracted by the readable content of a page when looking at its layout.	New: New service will begin in the next six months.

Condition:
Contrary to popular belief, Lorem Ipsum is not simply random text. It has roots in a piece of classical Latin literature from 45 BC, making it over 2000 years old. [Edit](#)

Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Abby, Alice N.; AdoptR 0 AbbyR	Caillin C Cake	08/31/2024	
Service Category	Applies To:	Specifically Explain Service	Status of Service
Daycare	AdoptR 0 AbbyR	There are many variations of passages of Lorem Ipsum available, but the majority have suffered alteration in some form, by injected humour, or randomised words which don't look even slightly believable.	New: New service will begin in the next six months.
Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Abby, Alice N.; Corn, Conn C., Jr.	AdoptR 0 AbbyR	08/15/2024	
Service Category	Applies To:	Specifically Explain Service	Status of Service
Developmental Assessment/Services	Abby, Alice N.; Corn, Conn C., Jr.	The standard chunk of Lorem Ipsum used since the 1500s is reproduced below for those interested. Sections 1.10.32 and 1.10.33 from "de Finibus Bonorum et Malorum" by Cicero are also reproduced in their exact original form, accompanied by English versions from the 1914 translation by H. Rackham.	Continue: Services were provided in the last six months and will continue in the next six months.

Options:

Modified Page: Case/Permanency Plan Page > Permanency Planning Tab

Basic

Child Name: [AbbyR_AdoptR_0_\(9225814\)](#) Birth Date: 05/22/2003 Plan Date: 06/01/2024 [Details](#) [Permanency Plan Content Guide](#)

Case Name: [Abby_Alice_N_\(9222746\)](#) Plan Is: Original

Person Type: Pre-Adopt Plan Type: CW, OHC Next Permanency Review/Hearing Due: n/a Check for required fields

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#)

Basic Child's Well-Being **Permanency Planning** Placement

Parents/Caregivers Conditions & Services

<p>Condition: Chicago has played a central role in American economic, cultural and political history. Since the 1850s Chicago has been one of the dominant metropolises in the Midwestern United States, and has been the largest city in the Midwest since the 1880 census. The area's recorded history begins with the arrival of French explorers, missionaries and fur traders in the late 17th century and their interaction with the local Potawatomi Native Americans. Jean Baptiste Point du Sable, a black freeman, was the first permanent non-indigenous settler in the area, having a house at the mouth of the Chicago River by at least 1790,[1] though possibly as early as 1784. The small settlement was defended by Fort Dearborn after its completion in 1804, but was abandoned as part of the War of 1812 in expectation of an attack by the Potawatomi, who caught up with the retreating soldiers and civilians not two miles south of the fort. Chicago has played a central role in American economic, cultural and political</p>		Edit	
Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Abby, Alex A.; Abby, Alice N.; Abby, Anndrea; Abby, Martin	Alice N Abby;Anndrea Abby	07/10/2024	
Service Category	Applies To	Specifically Explain Service	Status of Service
Domestic Violence Services	Abby, Alice N.; Abby, Anndrea	Chicago has played a central role in American economic, cultural and political history. Since the 1850s Chicago has been one of the dominant metropolises in the Midwestern United States, and has been the largest city in the Midwest since the 1880 census. The area's recorded history begins with the arrival of French explorers, missionaries and fur traders in the late 17th century and their interaction with the local Potawatomi Native Americans. Jean Baptiste Point du Sable, a black freeman, was the first permanent non-indigenous settler in the area, having a house at the mouth of the Chicago River by at least 1790,[1] though possibly as early as 1784. The small settlement was defended by Fort Dearborn after its completion in 1804, but was abandoned as part of the War of 1812 in expectation of an attack by the Potawatomi, who caught up with the retreating soldiers and civilians not two miles south of the fort [2] The modern city was incorporated in 1837 by Northern businessmen and grew rapidly from real estate speculation and the realization that it had a commanding position in the emerging inland transportation network, based on lake traffic and railroads, controlling access from the Great Lakes into the Mississippi River basin.	Continue: Services were provided in the last six months and will continue in the next six months.

Insert Import

Options: Go

Save Close

Modified Page: Case/Permanency Plan Page > Child's Well-Being Tab

eWiSACWIS
WAS9 Screenshot
TM Print

Basic

Child Name: Azul, Finn (9231519)	Birth Date: 01/01/2008	Plan Date: 08/14/2024	Details Permanency Plan Content Guide
Case Name: Aardvark, Amy B. (9223581)	Plan Is: Subsequent		
Person Type: CPS	Plan Type: CPS, OHC, ICWA, IL	Next Permanency Review/Hearing Due: 02/01/2022	<input type="checkbox"/> Check for required fields
Case Notes: Safety Case/Permanency Planning Well-being Case Note Search			

Basic	ICWA/WICWA	Child's Well-Being	Permanency Planning	Safety	Placement	Q RTP
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Go To

Child	Health Summary	Medication	Health Care Providers	Immunizations	Education	Family Interaction Plan	IL Services
Child's Well-Being Tab Content Guide							

Child

Identify and describe the court ordered conditions, the actions taken and the services offered or provided by the agency in the previous six months and those to be provided in the next six months to make reasonable efforts, or active efforts in the case of an Indian child to achieve the goal(s) of the Case/Permanency Plan, including services that were recommended or considered but were not available.

Describe the child's general functioning:

youth function

Child Conditions & Services

0 of 34 actionable items have been considered for Azul, Finn

All actionable items must be addressed for the child via one or more services.

Condition: condition/goal 2 Edit			
Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Azul, Finn	Robert Jones	10/01/2021	
Service Category	<u>Applies To:</u>	Specifically Explain Service	Status of Service
Economic Support	Azul, Finn	specifically explain service goal 2 service 1	Continue: Services were provided in the last six months and will continue in the next six months.
<input type="radio"/> Yes <input checked="" type="radio"/> No		Service or treatment needs met by placement in setting certified as a Q RTP.	

Insert
Import

Options: ▼ Go

Save
Close

Modified Page: Case/Permanency Plan Page > Planning & Services Tab

Basic

Case Name: [Abby, Alice, N. \(9222744\)](#) Plan Type: CPS, IH Plan Date: 08/01/2024 [Details](#)

Case Notes: [Safety](#), [Case/Permanency Planning](#), [Well-being](#), [Case Note Search](#) Check for required fields

Basic
Safety
Planning & Services
Child's Well-Being

Child Conditions & Services

1 of 5 actionable items have been considered for Child Name 2
1 of 5 actionable items have been considered for Child Name 3
All actionable items must be addressed for the child via one or more services.

Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Child Name 1	AdoptR 0 AbbyR	08/23/2024	
Service Category	Applies To: Child Name 1	Specifically Explain Service	Status of Service
Case Management Services	There are many variations of passages of Lorem Ipsum available, but the majority have suffered alteration in some form, by injected humour, or randomised words which don't look even slightly believable.	New: New service will begin in the next six months:	
Condition: Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. Edit			
Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Child Name 2; Child Name 3	Kelly Lake	08/31/2024	
Service Category	Applies To: Child Name 2; Child Name 3	Specifically Explain Service	Status of Service
Medical/Dental Services	Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book.	New: New service will begin in the next six months:	
Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Child Name 2; Child Name 3	Sam Lake	08/15/2024	
Service Category	Applies To: Child 3	Specifically Explain Service	Status of Service
Case Management Services	Contrary to popular belief, Lorem Ipsum is not simply random text. It has roots in a piece of classical Latin literature from 45 BC, making it over 2000 years old.	New: New service will begin in the next six months:	

Options:

Modified Page: Actionable Items page

Actionable Items

All Actionable Items designated with an asterisk (*) must be marked as "Considered" via one or more services prior to approval of the Case/Permanency Plan.

Child Name 1

Child/Youth

Considered	Select	Actionable Item	Score
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *	Witness to Community Violence (lifetime) (Child/Youth Needs - Trauma)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/> *	Witness/Victim to Criminal Activity (lifetime) (Child/Youth Needs - Trauma)	3
<input type="checkbox"/>	<input type="checkbox"/> *	Medical (Child/Youth Needs - Life Functioning)	3
		g . Intensity of Treatment (Child/Youth Needs - Life Functioning)	3
<input type="checkbox"/>	<input type="checkbox"/> *	Other Self Harm (Child/Youth Needs - Child Risk Behaviors)	3
<input type="checkbox"/>	<input type="checkbox"/> *	Medical Trauma (lifetime) (Child/Youth Needs - Trauma)	1

Current Caregiver

Considered	Select	Actionable Item	Score	Child Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Supervision (Current Caregiver - Current Caregiver Strengths & Needs)	3	Child Name 1.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Witness to Community Violence (lifetime) (Child/Youth Needs - Trauma)	3	Child Name 1.

Child Name 2

Child Name 3

Modified Page: Family Case Plan from Drop Down on Case/Permanency Plan Page

Basic

Case Name: [Abby, Alice, N. \(9222744\)](#) Plan Type: CPS, IH Plan Date: 07/18/2024 [Details](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Check for required fields

Basic Safety Planning & Services Well-Being

ICWA/WICWA Considerations

Are there any Indian Child Welfare Act considerations with this child? No [Modify](#)

AssessmentTest, Test

Name: [AssessmentTest_Test \(9235042\)](#)

Chosen Name: Ace Green Display: [Details](#)

Pronouns: She/Her/Hers Display: [Details](#)

Person Type: CW, CPS

Birth Date: 07/07/2005

Age: 19

Court Information

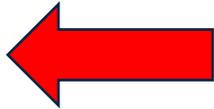
Court File Number(s)	Branch	Judge	Legal Record

[Add/Edit](#)

[Add/Edit](#)

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

Family Case Plan



Selecting Family Case Plan initiates the ability to Print the plan

New Page: Case/Permanency Plan > Family Case Plan Participants

Family Case Plan Participants Print 

Family Case Plan Participants

Deselect a participant to remove their conditions and services from the printed document.

<input checked="" type="checkbox"/> Select All	Person Name 	Relationship	DOB
<input checked="" type="checkbox"/>	Ace, Willy	Guardian	07/03/1999
<input checked="" type="checkbox"/>	Berenger, Tom	Reference Person	01/01/1980
<input checked="" type="checkbox"/>	Lai, Lucy	Aunt	02/08/1999
<input checked="" type="checkbox"/>	Madness, April	Biological Child	01/12/2022
<input checked="" type="checkbox"/>	Maya, Sister	Foster Child	01/01/2004

Family Case Plan Participants page - Default View - with all participants pre-selected.

[Continue](#) [Close](#)

New Page: Case/Permanency Plan > Family Case Plan Participants

Family Case Plan Participants Print 

Family Case Plan Participants

Deselect a participant to remove their conditions and services from the printed document.

<input type="checkbox"/> Select All	Person Name 	Relationship	DOB
<input checked="" type="checkbox"/>	Ace, Willy	Guardian	07/03/1999
<input type="checkbox"/>	Berenger, Tom	Reference Person	01/01/1980
<input type="checkbox"/>	Lai, Lucy	Aunt	02/08/1999
<input checked="" type="checkbox"/>	Madness, April	Biological Child	01/12/2022
<input type="checkbox"/>	Maya, Sister	Foster Child	01/01/2004

[Continue](#) [Close](#)

Safety



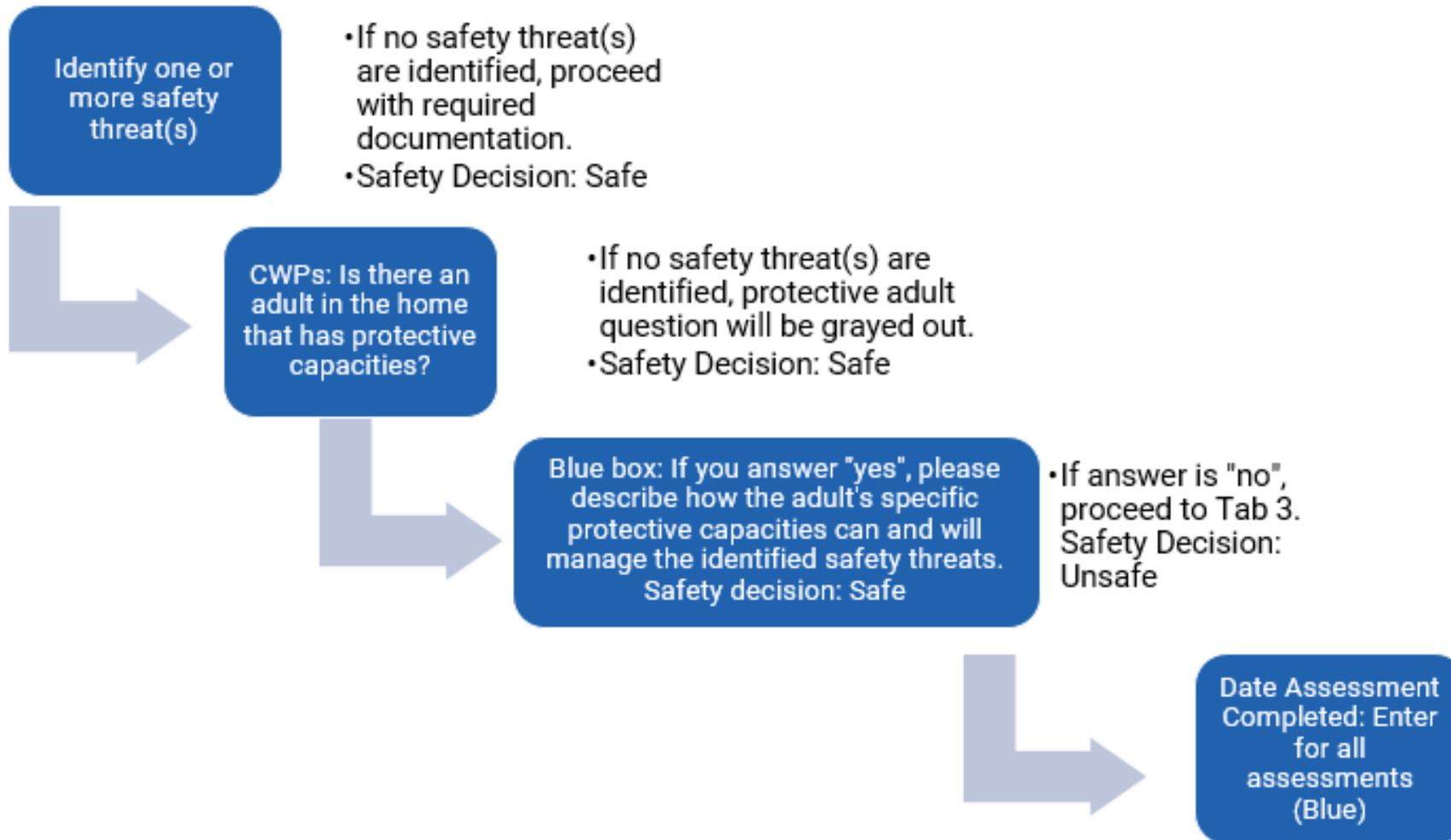
Wisconsin Department of Children and Families

Workflow Walkthrough

Safety



Wisconsin Department of Children and Families



Modified Page: Safety Assessment, Analysis and Plan Selection Copy - Work page

Case

Case ID: 9226718 Case Name: |

Safety Assessment, Analysis and Plan Selection

Select the View link to view details. Select the Copy link to copy the specific record. Select the Create button to create a Safety Assessment and Planning page without copying a previous record.

Date of Safety Assessment	Finding		
07/12/2024	Unsafe	View	Copy
07/10/2024	Safe	View	Copy
07/04/2024	Safe	View	Copy

Modified Page: Safety Assessment, Analysis and Plan page

Safety Assessment, Analysis and Plan - Google Chrome

eWiSACWIS Resource Print

General

Name: Amanda Smith Child Welfare Professional: Caitlin Calk Approval Date: Type: **Change in Household Composition** Completed

Part. Info Safety Assessment Description of Safety Threats Plan Analysis ICWA/WICWA

Child Information

Child Name	DOB	Child with Status as Indian per ICWA/WICWA Details
Smith, Owen J.	03/18/2022	Yes
Smith, Sharon K.	04/05/2020	No

[Add/Edit](#)

Parent/Caregiver Information

Parent/Caregiver Name	DOB
Smith, Amanda	04/16/1980
Smith, Jeffery A.	06/04/1983

[Add/Edit](#)

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

Modified Page: Safety Assessment, Analysis and Plan page – Part. Info tab

General

Name: Child Welfare Professional: Approval Date: Type: Case Transfer Completed

Part. Info | Safety Assessment | Description of Safety Threats | Plan Analysis | ICWA/WICWA

Child Information

Child Name	DOB	Child with Status as Indian per ICWA/WICWA Details
<input type="text"/>	12/01/2007	
<input type="text"/>	04/15/2006	Yes

[Add/Edit](#)

Parent/Caregiver Information

Parent/Caregiver Name	DOB
-----------------------	-----

Options: [Go](#)

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

Modified Page: Safety Assessment, Analysis and Plan page – Safety Assessment tab

General

Name: Child Welfare Professional: Approval Date: Type: Case Transfer Completed

[Part. Info](#)

Safety Assessment

[Description of Safety Threats](#)

[Plan Analysis](#)

[ICWA/WICWA](#)

The child is profoundly fearful of the home situation or people within the home. [Details](#)

Yes No

Safety Assessment and Conclusion

One or more factors that negatively affect safety are identified: [Details](#) Yes No

Date Assessment Completed: 01/28/2025

Is there an adult in the home that has protective capacities to protect the child(ren) from the identified safety threat? [Details](#) Yes No

If you answer "Yes," please describe how the adult's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child(ren) can be protected and no further safety intervention is needed. If you answer "No," continue with the analysis and planning.

Final Safety Decision: Unsafe

Options:

Modified Page: Safety Assessment, Analysis and Plan page – Safety Assessment tab

General

Name: Child Welfare Professional: Caitlin C. Cake Approval Date: Type: Completed

Final Safety Assessment Prior to Case Closure

Part. Info **Safety Assessment** Description of Safety Threats Plan Analysis

Safety Assessment and Conclusion

One or more factors that negatively affect safety are identified: [Details](#) Yes No

Date Assessment Completed: 06/04/2024

Is there an adult in the home that has protective capacities to protect the child(ren) from the identified safety threat? [Details](#) Yes No

If you answer "Yes", please describe how the adult's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child(ren) can be protected and no further safety intervention is needed. If you answer "No", continue with the analysis and planning.

Final Safety Decision: Safe

Options:

Modified Page: Safety Assessment, Analysis and Plan page – Safety Assessment tab

General

Name: Child Welfare Professional: Approval Date: Type: **Case Transfer** Completed

Part. Info

Safety Assessment

Description of Safety Threats

Plan Analysis

ICWA/WICWA

Safety Assessment and Conclusion

One or more factors that negatively affect safety are identified: [Details](#) Yes No

Date Assessment Completed: **01/28/2025**

Is there an adult in the home that has protective capacities to protect the child(ren) from the identified safety threat? [Details](#) Yes No

If you answer "Yes," please describe how the adult's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child(ren) can be protected and no further safety intervention is needed. If you answer "No," continue with the analysis and planning.

Final Safety Decision: **Unsafe**

Options:

Modified Page: Safety Assessment, Analysis and Plan page – Description of Safety Threats tab

General

Name: Child Welfare Professional: Approval Date: Type: Case Transfer Completed

[Part. Info](#)

[Safety Assessment](#)

Description of Safety Threats

[Plan Analysis](#)

[ICWA/WICWA](#)

Safety Threats

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs.

Row 1 of 2

One or both parent's/caregiver's behavior shows a pattern of violence.

Row 2 of 2

Services Available/Accessible

All Needed Services/activities provided.

Yes No

Options:

Presentation last saved: Just now

Modified Page: Safety Assessment, Analysis and Plan page – Plan Analysis tab

eWiSACWIS
WAS9 UAT

Resource Print

General

Name: Child Welfare Professional: Approval Date: Type: Completed

Part. Info | **Safety Assessment** | **Description of Safety Threats** | **Plan Analysis** | **ICWA/WICWA**

The parents/caregivers are willing for services to be provided and will cooperate with service providers. Yes No

The home environment is calm enough for services to be provided and for the service providers to be in the home safely. Yes No

Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. Yes No

Parents/Caregivers are residing in the home. Yes No

Additional Comments

Safety assessment and planning with families is a dynamic process. Consider providing additional information about how this process was informed by the family and their extended network, and how it was as least intrusive as possible.

Options:

View of the Plan Analysis tab when initially opened.

Modified Page: Safety Assessment, Analysis and Plan page – Plan Analysis tab

eWiSACWIS TM Print Help

General

Name: _____ Child Welfare Professional: Caitlin C. Cake Approval Date: _____ Type: Completed

Part. Info | **Safety Assessment** | **Description of Safety Threats** | **Plan Analysis**

Analysis

The parents/caregivers are willing for services to be provided and will cooperate with service providers. Yes No

The home environment is calm enough for services to be provided and for the service providers to be in the home safely. Yes No

Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. Yes No

Parents/Caregivers are residing in the home. Yes No

Collaborative Efforts with the Family

Describe the attempts made with the family to create an in-home plan and why one was not able to be put in place.

Reunification with an In Home Safety Plan

Clearly outline what is needed for safety to be managed in order for the child(ren) to return home with an in-home safety plan.

Describe what parent/caregiver protective capacities or strengths exist, including those identified by the family and their extended network.

Additional Comments

Safety assessment and planning with families is a dynamic process. Consider providing additional information about how this process was informed by the family and their extended network, and how it was as least intrusive as possible.

Options:

View of the Plan Analysis tab when at least one of the Analysis questions is “No.”

Modified Page: Safety Assessment, Analysis and Plan page – Plan Analysis tab

eWiSACWIS TM  Print  Help 

General

Name: I Child Welfare Professional: Caitlin C. Cake Approval Date: Type: Completed

Part. Info **Safety Assessment** **Description of Safety Threats** **Plan Analysis**

Analysis

The parents/caregivers are willing for services to be provided and will cooperate with service providers. Yes No

The home environment is calm enough for services to be provided and for the service providers to be in the home safely. Yes No

Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. Yes No

Parents/Caregivers are residing in the home. Yes No

Collaborative Efforts with the Family

Was the parent/caregiver's extended network part of the planning process? [Details](#) Yes No

(Check all that apply)

Non-Household Parent Family Friends Neighbors Mentor

Other:

Describe how the parent/caregiver's extended network was identified, considered, and included as part of the planning.

Describe what parent/caregiver protective capacities or strengths exist, including those identified by the family and their extended network.

Additional Comments

Safety assessment and planning with families is a dynamic process. Consider providing additional information about how this process was informed by the family and their extended network, and how it was as least intrusive as possible.

Options:

View of the Plan Analysis tab when all the Analysis questions is “Yes.”

Modified Page (New Tab): Safety Assessment, Analysis and Plan page – ICWA/WICWA tab

Name: [redacted] ; Child Welfare Professional: Caitlin C. Cake Approval Date: [redacted] Type: [dropdown] Completed

Part. Info	Safety Assessment	Description of Safety Threats	Plan Analysis	ICWA/WICWA
------------	-------------------	-------------------------------	---------------	-------------------

[redacted], April

[redacted]s, April (9235465) [Details](#)

Ho-Chunk Date Confirmation was Received from Tribe 09/13/21

Lac Courte Oreilles Band Date Confirmation was Received from Tribe 04/02/23

Select attempts to confirm the child(ren)'s Indian status. [Details](#)

Check all that apply:

Email Phone Mail Fax

Is the child welfare agency currently collaborating with the Tribe(s) on the Safety Plan? [Details](#) Yes No

Most recent contact with the Tribe(s) to collaborate on the Safety Plan. 00/00/0000

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

Name: [redacted] ; Child Welfare Professional: Caitlin C. Cake Approval Date: [redacted] Type: [dropdown] Completed

Part. Info	Safety Assessment	Description of Safety Threats	Plan Analysis	ICWA/WICWA
------------	-------------------	-------------------------------	---------------	-------------------

[redacted], April

[redacted]s, April (9235465) [Details](#)

Ho-Chunk Date Confirmation was Received from the Indian child's tribe: 04/12/2024

Most recent contact with the Indian child's tribe to collaborate on this Safety Plan. 00/00/0000

Lac Courte Oreilles Band Date Confirmation was Received from the Indian child's tribe:

Most recent contact with the Indian child's tribe to collaborate on this Safety Plan. 00/00/0000

Select attempts to confirm the child's Indian status for any Tribe(s) where Indian status is pending. [Details](#)

Check all that apply:

Email Phone Mail Fax

Is the child welfare agency currently collaborating with the Indian child's tribe(s) on the Safety Plan? [Details](#) Yes No

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

Modified Page (New Tab): Safety Assessment, Analysis and Plan page – ICWA/WICWA tab

April

April (9235465) [Details](#)

Ho-Chunk Date Confirmation was Received from the Indian child's tribe: 04/12/2024

Most recent contact with the Indian child's tribe to collaborate on this Safety Plan. 00/00/0000

Lac Courte Oreilles Band Date Confirmation was Received from the Indian child's tribe:

Most recent contact with the Indian child's tribe to collaborate on this Safety Plan. 00/00/0000

Select attempts to confirm the child's Indian status for any Tribe(s) where Indian status is pending. [Details](#)

Check all that apply:

Email Phone Mail Fax

Is the child welfare agency currently collaborating with the Indian child's tribe(s) on the Safety Plan? [Details](#) Yes No

Describe the attempts the agency has taken to engage the Indian child's tribe(s). Include attempts to collaborate and the agency's plan to continue to attempt engagement with the Indian child tribe(s).

Modified Page (New Tab): Safety Assessment, Analysis and Plan page – ICWA/WICWA tab



██████, May

[██████, May \(9235685\)](#) [Details](#)

Ho-Chunk Date Confirmation was Received from the Indian child's tribe: 05/22/2024

Most recent contact with the Indian child's tribe to collaborate on this Safety Plan.

Is the child welfare agency currently collaborating with the Indian child's tribe(s) on the Safety Plan? [Details](#) Yes No

Describe collaboration efforts with the Indian child's tribe(s) on the Safety Plan.

Independent Living



Wisconsin Department of Children and Families

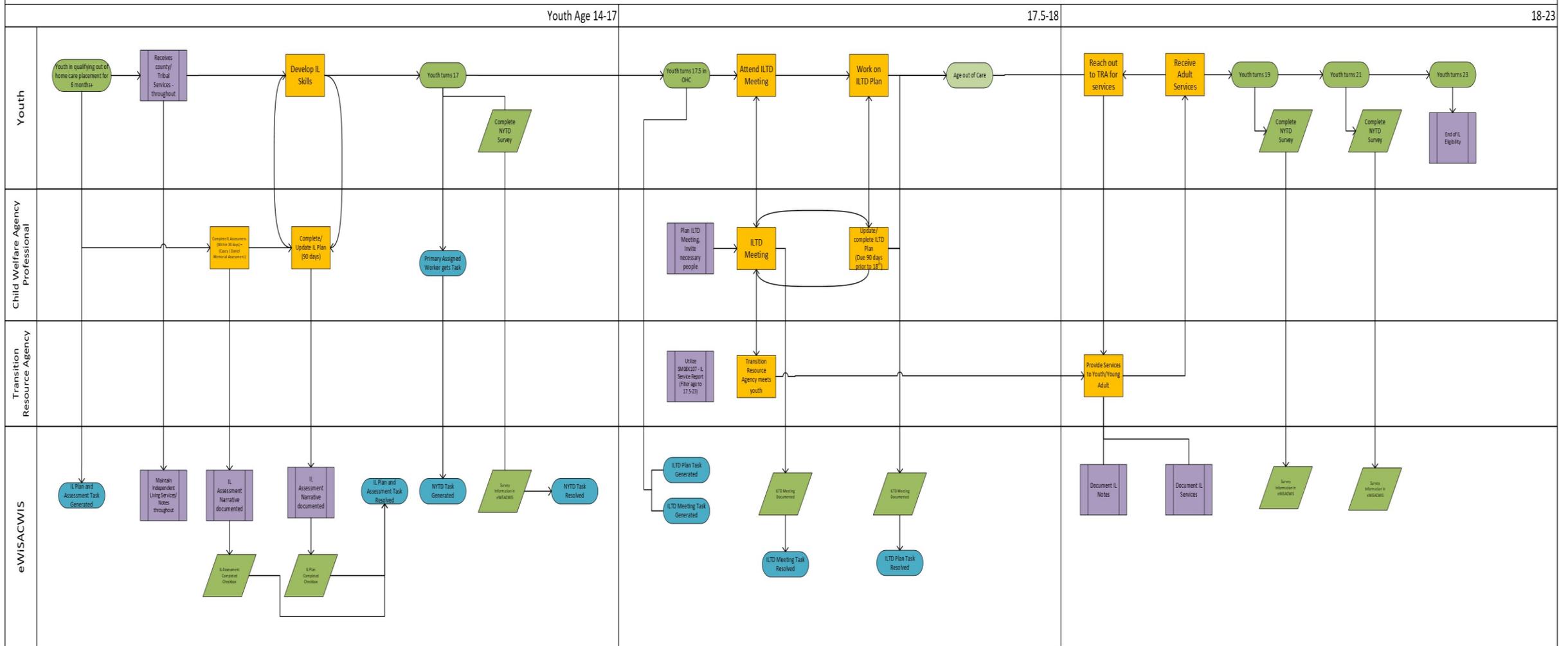
Workflow Walkthrough

Independent Living



Wisconsin Department of Children and Families

Current Independent Living Processes



Modified Page: Desktop

Cases

View by:

- Case
- Participant

Filter by:

- Date restricted
- Not approved/cancelled

Cases: 3

- Multiselect

Create case work



Brunsell, Rose L. (8352932)

Case details:
CPS Family - Ongoing & YJ

Case address:
C/O: Embers Inn

Primary worker:

[Redacted]
ewuac20@dmhs.state.wi.us

Primary YJ worker:

[Redacted]

Actions:

Please select an action

View case information

- Access Reports
- Background Checks
- Eligibility
- Narratives
- Placements
- Services
- Assessments
- Case/Permanency Plan
- ICWA
- Participant Documents
- Planning
- Youth Justice
- Assets and Income
- Child/Youth Images
- Independent Living
- Payments
- Related People
- Assignments
- Education
- Legal
- Permanency Consultation
- Safety

★ Independent Living

+ Images (4)

Independent Living	12/03/2024	[Redacted] E.	Eligible
Independent Living	01/27/2025	ILTD, Youth	Not Eligible
Independent Living	01/29/2018	[Redacted]	Not Eligible



Modified Page: Case Notes page

Case: [Search](#) Created By: Contacted By: [Search](#)
Case Note ID: Date Entered: 01/28/2025 08:28 PM Note Finalized Contact By Designee

Note Information

Date: Category: View Inactive Participants
Begin Time: AM PM Type: This case note is about a service that youth is receiving or will receive in future
End Time: AM PM Type Detail: Face-to-Face Location: [Details](#)
Duration: Face-to-Face Result:
 Billable

Participants:
... (ReferencePerson)
D. (Bio Child)
A. (Bio Child)
Child)
Other)
... (Non-Relative)

Narrative

Case Note 1/1 [Details](#) [Create Structured Case Note](#)

- Housing, Household Mgmt, Financial Mgmt
- Health and Wellness
- Relationships and Connections
- Education
- Employment and Career
- Transportation
- Financial Management
- Legal
- Youth Advocacy and Youth Voice
- ILTD
- NYTD Survey



Modified Page: Independent Living Page – Services tab

Basic Information

Youth: [Search](#)

DOB: 02/10/2007 Age: 17

TRA IL Coordinator:

ETV Status: Not Eligible

IL Status: Not Eligible

ETV Override: System Derived

IL Override: System Derived

Youth being served by Adult Services

Contacts

Assessment / Plan

Referral

ILTD

Services

IL Notes

Independent Living Services

Service Category	Service / Activity	Provider / Responsible Person	Begin Date	End Date		
Mentoring	ABC	TOM	01/21/2025		Edit	Delete

Insert

Case Notes for IL Services

Date	Professional	Type	Type Detail	Status
01/28/2025	<input type="text"/>	Face-to-Face	ILTD	Incomplete

Options: [Go](#)

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



Modified Page: Independent Living Page – Assessment/Plan tab

Basic Information

Youth: [Search](#)

DOB: 02/10/2007 Age: 17

TRA IL Coordinator:

ETV Status: Not Eligible

ETV Override:

Youth being served by Adult Services

IL Status: Not Eligible

IL Override:

Space to record updates on ongoing basis

Contacts

Assessment / Plan

Referral

ILID

Services

IL Notes

Independent Living Assessment Planning

Updated By:

County: State:

Telephone Number:

Date: 01/28/2025

[Insert](#)

Assessment Completed/Revised	Plan Completed/Revised	Description of assessment process, tools and methods	Main areas discussed / changed in the plan
<input type="text" value="10/10/2024"/>	<input type="text" value="01/06/2025"/>	<input type="text" value="Conducted Assessments and Sessions"/>	<input type="text" value="Mental Health"/> Delete
<input type="text" value="02/02/2024"/>	<input type="text" value="01/01/2025"/>	<input type="text" value="Process was successful"/>	<input type="text" value="School Jobs"/> Delete

Options: [Go](#)

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



Modified Page: Independent Living Page - IL Notes tab

Basic Information

Youth:

[Search](#)

ETV Status: Eligible

IL Status: Eligible

DOB: 02/26/2010

Age: 14

ETV Override:

IL Override:

TRA IL Coordinator:

Youth being served by Adult Services

[Contacts](#)

[Assessment / Plan](#)

[Referral](#)

[ILID](#)

[Services](#)

[IL Notes](#)

IL Notes

Date of Contact	Worker	Note Type		Contact Type	Status	Image/Document
01/28/2025	<input type="text"/>	Other	Details	Face-to-Face	Pending	1
01/22/2025	<input type="text"/>	Education, Employment, Financial	Details	Text Message	Pending	None
01/15/2025	<input type="text"/>	Other	Details	Face-to-Face	Pending	1

[Insert](#)

Options: [Go](#)

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



Modified Page: Independent Living Page - IL Notes Page

IL Notes Print 

Basic Information

Youth: Worker: Note Finalized
IL Note ID: Date Entered: 01/28/2025 09:18 PM

IL Note Information

Date of Contact: Contact Type:

Begin Time: AM PM
End Time: AM PM

Note Type:
Education
Employment
Financial
Health/well-being
Hold down the 'Ctrl' key for multi-selection

Narrative

IL Note Details

Imaging

Type	Date of Document	Image/Document		
Assessment	11/27/2024	View	Delete	Imaging Search
Assessment	11/27/2024	View	Delete	Imaging Search



Modified Page: Independent Living Page – ILTD tab

Contacts Assessment / Plan Referral **ILTD** Services IL Notes

Concurrent Planning

Yes No Does the youth have other plans to support their transition to adulthood that complement this one (e.g.adult services, Division of Vocal Rehab)?

Description of plan

Main point of contact

Who I am

I am passionate about

Looking towards my future, I am excited for

Looking towards my future, I am nervous about

One of my greatest challenges is

One of my greatest skills is

Strengths-based youth input opportunity



Modified Page: Independent Living Page – ILTD tab

Independent Living - Work - Microsoft Edge
https://apps.dcf.enterprise.wisstate.us/ewsscreenshot/SM08_IndLiving.do

eWiSACWIS
WASD Screenshot

Basic Information

Youth: [Aastvark, Amy B. \(92265559\)](#) [Search](#)
DOB: 01/01/2008 Age: 16
TRA IL Coordinator:

ETV Status: Not Eligible
ETV Override: System Derived
 Youth being served by Adult Services

IL Status: Not Eligible
IL Override: System Derived

[Contacts](#) [Assessment / Plan](#) [Referral](#) **ILTD** [Services](#) [IL Notes](#)

Eligibility for Extended Out-of-Home Care

Removal Date: Discharge Date: Updated By: [Callin C. Cake](#) Date: 07/16/2024

Yes No Does the youth have an IEP? [Modify](#)

Yes No Is the youth expected to graduate before age 19? [Details](#) Anticipated Graduation Date: 01/01/2035 [Modify](#)

Yes No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

I am not eligible for extended OHC. Even if I am not eligible for extended OHC to age 21, I may remain in care for a specified length of time not to exceed the latest of the following dates (see § 48.365(5)(b)), any of which is an option for young people in care [Create Record](#)
regardless of their eligibility for extended OHC:
The date on which I turn 18 years old; or
The date that is one year after the date on which my out-of-home care order is granted; or
The date on which I complete high school or equivalent, or when I turn 19 years old, whichever occurs first, if I am a full-time student in high school or equivalent and expected to complete school before I turn 19.

Type	Date	Worker	Document
<input type="text" value="Determination of Eligibility"/>	02/15/2021	Callin C. Cake	Edit

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



Modified Page: Independent Living Page – ILTD tab

WASB Screenshot TM Print

Basic Information

Youth: [Aandark, Amy B. \(9226559\)](#) [Search](#) ETV Status: Not Eligible IL Status: Not Eligible
DOB: 01/01/2008 Age: 16 ETV Override: **System Derived** IL Override: **System Derived**
TRA IL Coordinator: Youth being served by Adult Services

Contacts **Assessment / Plan** **Referral** **ILTD** **Services** **IL Notes**

Eligibility for Extended Out-of-Home Care

Removal Date: Discharge Date: Updated By: Callin C. Cate Date: 07/16/2024

Yes No Does the youth have an IEP? [Modify](#)
 Yes No Is the youth expected to graduate before age 19? [Details](#) Anticipated Graduation Date: 01/01/2035 [Modify](#)
 Yes No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

Type	Date	Worker	Document		
Determination of Eligibility	02/15/2021	Callin C. Cate	Edit		

Youth Decision

Yes No I have been made aware of options for remaining in care. Date: **07/01/2024**
Updated By: Remain in care under court order
I choose to: Remain in care under a Voluntary Transition to Independent Living Agreement (VTILA)
 Discharge from care
 Yes No Request for Transition to Discharge Hearing completed. Anticipated Transition to Discharge Hearing Date: **00/00/0000**

The current dispositional court order ends at: Age 18
 Age 19 Anticipated Graduation Date: 01/01/2035 [Modify](#)
 Age 21

Yes No I understand that if I am eligible to remain in care until high school (or equivalent) graduation or age 21, whichever comes first but choose not to remain in care right away, I can change my mind. I can re-enter care at any time before high school (or equivalent) or age 21 and remain in care until I graduate or turn 21. (See § 48.366.)
Date: **07/01/2024**



Modified Page: Independent Living Page – ILTD tab

eWiSACWIS
WAS9 Screenshot
TM Print

Basic Information

Youth: [Aarvark, Amy B. \(9226559\)](#) [Search](#) ETV Status: Not Eligible IL Status: Not Eligible

DOB: 01/01/2008 Age: 16 ETV Override: System Derived IL Override: System Derived

TRA IL Coordinator: Youth being served by Adult Services

Contacts
Assessment / Plan
Referral
ILTD
Services
IL Notes

Yes No Request for Transition to Discharge Hearing completed. Anticipated Transition to Discharge Hearing Date: 00/00/0000

Yes No I understand that if I am eligible to remain in care until high school (or equivalent) graduation or age 21, whichever comes first but choose not to remain in care right away, I can change my mind. I can re-enter care at any time before high school (or equivalent) or age 21 and remain in care until I graduate or turn 21. (See § 48.366.)

Date: 07/01/2024

Subsequent Eligibility for Extended Out-of-Home Care [Details](#)

Removal Date: Discharge Date: Updated By: Date: [Delete](#)

Yes No Does the youth have an IEP? [Modify](#)

Yes No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

I am eligible for extended OHC. Even if I am not eligible for extended OHC to age 21, I may remain in care for a specified length of time not to exceed the latest of the following dates (see § 48.365(5)(b)), any of which is an option for young people in care regardless of their eligibility for extended OHC:
 The date on which I turn 18 years old; or
 The date that is one year after the date on which my out-of-home care order is granted; or
 The date on which I complete high school or equivalent, or when I turn 19 years old, whichever occurs first, if I am a full-time student in high school or equivalent and expected to complete school before I turn 19.

Type	Date	Worker	Document	
Determination of Eligibility ▼			Doc	
Request to Determine Eligibility ▼				Image Search
Voluntary Transition to IL Agreement ▼				Image Search

Insert



Modified Page: Independent Living Page – ILTD tab

eWiSACWIS WASD Screenshot TM Print

Basic Information

Youth: [Aashvik, Amy B. \(0226555\)](#) [Search](#) ETV Status: Not Eligible IL Status: Not Eligible
DOB: 01/01/2008 Age: 16 ETV Override: System Derived IL Override: System Derived
TRA IL Coordinator: Youth being served by Adult Services

Contacts **Assessment / Plan** **Referral** **ILTD** **Services** **IL Notes**

Transition Planning

Yes No Youth did participate in ILTD planning. The reason for non-participation:

Briefly explain why the youth did not participate:

Declined
Missing from care
Incapacitated
Incarcerated
Disengaged partway through process

Independent Living Transition to Discharge Plan Completed: 00/00/0000 [Details](#) **Independent Living Transition to Discharge Plan Updated:** 00/00/0000 [Details](#)

Date of Youth's Anticipated Discharge: 00/00/0000 **Anticipated Age at Discharge:**

Desired method of contact following discharge:

Transition Meetings

Date	Participants	Roles	Relationship to Youth
<input type="text"/>			



New Page: Independent Living Page - ILTD Goal Selection

ILTD Goal Selection Print

Housing Details <ul style="list-style-type: none"><input checked="" type="checkbox"/> Safe and secure housing upon leaving care.<input type="checkbox"/> Learn basic home maintenance and upkeep skills.<input type="checkbox"/> Obtain basic housing items (e.g. cookware, sheets).<input type="checkbox"/> Develop/maintain healthy boundaries with family/roommate(s).<input checked="" type="checkbox"/> Other (specify) <input type="text"/>	Employment Details <ul style="list-style-type: none"><input type="checkbox"/> Learn more about job/career opportunities<input type="checkbox"/> Network with/shadow others to learn more<input type="checkbox"/> Gain additional training/skill development<input type="checkbox"/> Get a higher wage or higher-paying job<input type="checkbox"/> Secure a (new) job<input type="checkbox"/> Other (specify)	Income and Finances Details <ul style="list-style-type: none"><input checked="" type="checkbox"/> Increase financial literacy/understand how to budget and make monthly bill payments<input checked="" type="checkbox"/> Increase savings<input type="checkbox"/> Research postsecondary financial aid<input type="checkbox"/> Build an emergency fund<input type="checkbox"/> Build/repair credit score<input type="checkbox"/> Obtain secondary income<input type="checkbox"/> Other (specify)	Education Details <ul style="list-style-type: none"><input type="checkbox"/> Finish high school<input type="checkbox"/> Complete FAFSA<input type="checkbox"/> Attend a vocational/training/certification program<input type="checkbox"/> Work towards an associate degree<input type="checkbox"/> Work towards a Bachelor's (or higher) degree<input type="checkbox"/> Other (specify)
Health and Well-Being Details <ul style="list-style-type: none"><input checked="" type="checkbox"/> Enroll in private insurance or BadgerCare+<input checked="" type="checkbox"/> Confirm continuity of healthcare following discharge<input checked="" type="checkbox"/> Select Power of Attorney for Healthcare<input type="checkbox"/> Prioritize physical and mental health<input type="checkbox"/> Know sexual healthcare and family planning options<input type="checkbox"/> Know signs of abuse and how to get help<input type="checkbox"/> Participate in prosocial activities/interests<input type="checkbox"/> Develop healthy friendship/relationship<input type="checkbox"/> Other (specify)	Transportation Details <ul style="list-style-type: none"><input checked="" type="checkbox"/> Have safe and reliable transportation options after leaving care<input type="checkbox"/> Obtain driver's license<input type="checkbox"/> Increase preparedness for safe transport<input type="checkbox"/> Other (specify)	Community and Support Network Details <ul style="list-style-type: none"><input checked="" type="checkbox"/> Build or maintain a relationship with at least one person who can be in my support network	Other Areas of Need Details <ul style="list-style-type: none"><input type="checkbox"/> Pregnant/parenting support<input type="checkbox"/> Legal assistance<input type="checkbox"/> Gender identity/LGBTQIA2S+ support<input type="checkbox"/> Cultural connections support<input type="checkbox"/> Delinquency/criminogenic needs support<input type="checkbox"/> Other support (specify)

Save Close



New Page: Independent Living Page - ILTD Goal Planning Participants

ILTD Goal Planning Participants Print 

Participants

Role	Relationship to Youth	Participant Name		
Care provider <input type="button" value="v"/>	<input type="text" value="text"/>	Christian Smith (9223599)	N/A	Delete
Other <input type="button" value="v"/>	<input type="text" value="text"/>	<input type="text" value="Arlene Wausau"/>	N/A	Delete
County representative <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	Search	Delete



Modified Page: Independent Living Page – ILTD tab

Access to goal selection page 

Contacts Assessment / Plan Referral **ILTD** IL M

Housing

Housing assistance available in the area I hope to live: [ILTD Goals](#)

Youth input opportunity
(Repeated in other goal sections)

Important housing resources and information 

My goals, needs, concerns, and barriers related to housing:

Housing Goal 1: Safe and secure housing upon leaving care

Where/with whom I expect to live after leaving care



Modified Page: Independent Living Page – ILTD tab

Housing Goal 1: Safe and secure housing upon leaving care

Where/with whom I expect to live after leaving care

Address (if not known, put city) [Edit](#) [Delete](#)

111 River Boat Drive Apt. 22A
Lot B
Abbotsford, WI 54405 United States
Cell (608) 123-4567
Email email@gmail.com
Milwaukee County

If my first housing plan doesn't work out, my back-up housing plan

Address (if not known, put city) [Edit](#) [Delete](#)

111 River Boat Drive Apt. 22A
Lot B
Abbotsford, WI 54405 United States
Cell (608) 123-4567
Email email@gmail.com
Milwaukee County



Goal subtasks and status updates
(Repeated in other goal sections)



Steps to take to have a safe and secure living situation when I leave care	Family, friends, or service providers who will help me		Target date fo completion	Status	
<input type="text"/>	Amy B. Aardvark ; Annabelle Aardvark	Add/Edit Participants	<input type="text" value="00/00/0000"/>	Not yet working on it	Delete
<input type="text"/>		Add/Edit Participants	<input type="text" value="00/00/0000"/>	Still working on it	Delete
<input type="text"/>		Add/Edit Participants	<input type="text" value="00/00/0000"/>	Need further assistance	Delete
				Done	Delete

Not yet working on it

Still working on it

Need further assistance

Done

Insert

Options: [Go](#)

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



Modified Page: Independent Living Page – ILTD tab

[Contacts](#)
[Assessment / Plan](#)
[Referral](#)
ILTD
[Services](#)
[IL Notes](#)

Transportation [ILTD Goals](#)

Yes No I understand that if I am enrolled in BadgerCare+ for insurance, I can access free Non-Emergency Medical Transportation for appointments and select other healthcare needs.
 Date:

Transportation options available in the area I hope to live:

Important transportation information (e.g. website, phone numbers):

My goals, needs, concerns, and barriers related to having safe and reliable transportation:

Transportation Goal 1: Have safe and reliable transportation options after leaving foster care

Steps to secure safe and reliable transportation when I leave care	Family, friends, or service providers who will help me		Target date fo completion	Status	
<input type="text"/>	Amy B. Aardvark ; Annabelle Aardvark	Add/Edit Participants	<input type="text" value="00/00/0000"/>	Not yet working on it	Delete
<input type="text"/>		Add/Edit Participants	<input type="text" value="00/00/0000"/>	Still working on it	Delete
<input type="text"/>		Add/Edit Participants	<input type="text" value="00/00/0000"/>	Need further assistance	Delete
<input type="text"/>		Add/Edit Participants	<input type="text" value="00/00/0000"/>	Done	Delete

[Insert](#)



Development Roadmap

2025



Upcoming Development

- Improvements to the Out-of-Home Care referral workflow and SYNC (June '25)
- Case Information page redesign (June '25)
- Support for updates to DCF 56 (TBD)
- Youth Portal and corresponding eWiSACWIS changes (TBD)



Recurring Webinar Series



eWiSACWIS Focus Group

- Review of common workflow struggles, regular helpdesk calls
- General feedback sessions
- Next Session:
 - **Thursday, February 20th at Noon.**
 - Topic: *Navigating the Outliner*





Thank You!

Thank you, everyone, for your participation.

