**Foster Home Information for eWiSACWIS**

**Use of form:** This form is required by Federal Register, 45 CFR, 1355.40, to be completed by Child Placing Agencies for Title IV-E foster homes monitoring and auditing purposes and for entering information into the Wisconsin Automated Child Welfare Information System (eWiSACWIS). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

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| **TO:** DCF CPA Licensing Requests  210 W. Washington Ave. 5th floor  Madison, WI 53703  [DCFCPALicensingRequests@Wisconsin.gov](mailto:DCFCPALicensingRequests@Wisconsin.gov) | | | | | | | | **FROM:** (Licensing Agency) | | | | | | | | | | |
| **A. FOSTER HOME LICENSING ACTION** | | | | | | | | | | | | | | | | | | |
| Select Foster Home Licensing Action  Initial  Renewal  Modified  Revoked  Closed  Re-Apply After Denial  Re-Apply After Revocation | | | | | | | | | | | | | | | | | | |
| Foster Home Licensing Action Effective Dates: From       (mm/dd/yyyy) to       (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | |
| **B. FOSTER PARENT(S) INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Foster Parent 1** – Full Name (Last, First, Middle) | | | | | | | | | Relationship to Child (e.g., foster parent / relative) | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Telephone Number |
| Email Address | | | | | | | | | | | | | | | | | | |
| Birthdate (mm/dd/yyyy) | | | | | Social Security Number | | | | | | | | Marital Status | | | | | |
| Race(s) | | | | | | | Foster Parent of Hispanic Origin  Yes  No | | | | | | | | | | | |
| **Foster Parent 2** – Full Name (Last, First, Middle) | | | | | | | | | Relationship to Child (e.g., foster parent / relative) | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Telephone Number |
| Email Address | | | | | | | | | | | | | | | | | | |
| Birthdate (mm/dd/yyyy) | | | | | Social Security Number | | | | | | | | Marital Status | | | | | |
| Race(s) | | | | | | | Foster Parent of Hispanic Origin  Yes  No | | | | | | | | | | | |
| **Foster Parent 3** – Full Name (Last, First, Middle) | | | | | | | | | Relationship to Child (e.g., foster parent / relative) | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Telephone Number |
| Email Address | | | | | | | | | | | | | | | | | | |
| Birthdate (mm/dd/yyyy) | | | | | Social Security Number | | | | | | | | Marital Status | | | | | |
| Race(s) | | | | | | | Foster Parent of Hispanic Origin  Yes  No | | | | | | | | | | | |
| **C. OTHER HOUSEHOLD MEMBER(S) INFORMATION (**Attach an additional page if more than three household members) | | | | | | | | | | | | | | | | | | |
| **Other Household Member 1** | | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle) | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Telephone Number |
| Relationship to Child (e.g., foster parent / relative) | | | | | | | | Relationship to foster parent (e.g., relative) | | | | | | | | | | |
| Marital Status | | | | | Race(s) | | | | | | | | Hispanic Origin  Yes  No | | | | | |
| **Other Household Member 2** | | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle) | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Telephone Number |
| Relationship to Child (e.g., foster parent / relative) | | | | | | | | Relationship to foster parent (e.g., relative) | | | | | | | | | | |
| Marital Status | | | | | Race(s) | | | | | | | | Hispanic Origin  Yes  No | | | | | |
| **Other Household Member 3** | | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle) | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Telephone Number |
| Relationship to Child (e.g., foster parent / relative) | | | | | | | | Relationship to foster parent (e.g., relative) | | | | | | | | | | |
| Marital Status | | | | | Race(s) | | | | | | | | Hispanic Origin  Yes  No | | | | | |
| **D. FOSTER HOME INFORMATION** | | | | | | | | | | | | | | | | | | |
| County Where Foster Home Located: | | | | | | | | | | | | | | | | | | |
| School District Name Where Foster Home Located: | | | | | | | | | | | | | | | | | | |
| **E. TYPE OF CARE** | | | | | | | | | | | | | | | | | | |
| Certification Level  1  2  3  4  5 | | | | | | | | | | | | | | | | | | |
| **F. TYPE OF LICENSE (select appropriate type and complete corresponding section)** | | | | | | | | | | | | | | | | | | |
|  | **INITIAL** Foster Home License Effective Dates: From       (mm/dd/yyyy) to       (mm/dd/yyyy) | | | | | | | | | | | | | | | | | |
|  | If license is the initial – what was the source of referral? (Select all that apply): | | | | | | | | | | | | | | | | | |
|  | Adoption / informational meeting  Bus tail / poster  Business / company  Church  County fair  Employer contact / groups  Event based  Foster home study request  Friend  Hospital / medical  Job fair  Knows foster parent | | | | | Newspaper  Newspaper advertisement  Newspaper press release / feature story  Orientation  Other agencies  Other counseling agency  Other county  Previous adoptive parent  Previous foster parent  Radio  Radio advertisement | | | | | | | | | | | Radio talk show  Regional office  School contacts / groups  School / educational  Self  Statewide marketing effort  Television  Television advertisement  Television talk show  Volunteers  Other –Specify: | |
|  | **MODIFIED** If license modified – effective date:       (mm/dd/yyyy) | | | | | | | | | | | | | | | | | |
|  | Reason license modified (Select all that apply): | | | | | | | | | | | | | | | | | |
|  | Additional exceptions requested  Change in certification level  Activate additional service types | | | | | Capacity, gender or age range change  Change in address / provider moved  Change in Provider Characteristics | | | | | | | | | | Change in household composition  Change in name | | |
|  | **REVOKED** If license revoked – effective date:       (mm/dd/yyyy)  Attach revocation letter sent to the foster parent(s). | | | | | | | | | | | | | | | | | |
|  | Reason license revoked (Select all that apply): | | | | | | | | | | | | | | | | | |
|  | Child abuse neglect  Criminal background | Home does not meet standards  Personal requirements not satisfied | | | | | | | | | | | | Other –Specify: | | | | |
|  | **CLOSED** If license closed – effective date:       (mm/dd/yyyy) | | | | | | | | | | | | | | | | | |
|  | Reason license closed (Select all that apply): | | | | | | | | | | | | | | | | | |
|  | Change in licensing agency  Child(ren) adopted  Foster child left foster home | | | | Foster parent request  Home does not meet standards  Moved from area | | | | | | | | Personal requirements not satisfied  Training requirements not satisfied  Duplicate provider clean-up | | | | | |
|  | Other – Specify: | | | | | | | | | | | | | | | | | |
|  | **PLACED ON HOLD** Has license been placed on “hold” status?  Yes  No  If “Yes,” effective date:       (mm/dd/yyyy)  Attach letter sent to the foster parent(s). | | | | | | | | | | | | | | | | | |
|  | What was the reason the license was placed on hold? (Select all that apply): | | | | | | | | | | | | | | | | | |
|  | Administrative decision  Adoption in progress | | | | Child abuse neglect assessment  Foster parent request | | | | | | | | | Foster parent training in progress  Other – Specify: | | | | |
|  | Yes  No Has license had its “hold” status lifted? If “Yes,” effective date:       (mm/dd/yyyy) | | | | | | | | | | | | | | | | | |
|  | Attach letter sent to the foster parent(s). | | | | | | | | | | | | | | | | | |
|  | Reason “hold” status lifted. | | | | | | | | | | | | | | | | | |
|  | Adoption completed  Staff decision  Unsubstantiated C/AN | | | | Adoption placement ended  Foster parent request  Appeal decision | | | | | | | | | Foster parent training completed  Disrupted adoption placement  Other (documented or provider note) | | | | |
| **G. APPLICATION INFORMATION** | | | | | | | | | | | | | | | | | | |
| Date application provided to family (mm/dd/yyyy) | | | | | | | Date completed application received (mm/dd/yyyy) | | | | | | | | | | | |
| Date SAFE home study report completed (mm/dd/yyyy) | | | | | | | SAFE home study report attached  Yes  No | | | | | | | | | | | |
| Decision:  Approved  Denied  Withdrew | | | | | | | Date of decision (mm/dd/yyyy) | | | | | | | | | | | |
| If application was denied, what was the Licensing Code Citation(s) and reason(s) for the denial? | | | | | | | | | | | | | | | | | | |
|  | Licensing Code Citation(s) | | | | | | | | | | | | | | | | | |
|  | Reason(s) | | | | | | | | | | | | | | | | | |
| If application was withdrawn, what was / were the reason(s) for the withdrawal? (Select all that apply) | | | | | | | | | | | | | | | | | | |
|  | Agency recommendation  Change in family circumstances  Child abuse neglect substantiated  Criminal background  Has protective service record | | | | | Home does not meet standards  Inadequate finances  Misuse of funds  Moved out of state / county  No longer interested | | | | | | | | Non-compliance with other regulations  Personal requirements not met  Unlicensable  Did not complete assessment decision  Noncompliance health and safety | | | | |
|  | Other – Specify: | | | | | | | | | | | | | | | | | |
| **H. LICENSE EXCEPTIONS / WAIVERS** | | | | | | | | | | | | | | | | | | |
| Yes  No Was an exception / waiver applied for by the foster parents? | | | | | | | | | | | | | | | | | | |
| If “Yes”, was the exception / waiver a licensing agency or Department of Children and Families (DCF) decision?  Licensing Agency  DCF | | | | | | | | | | | | | | | | | | |
| Attach an additional page if more than one exception / waiver was applied for. | | | | | | | | | | | | | | | | | | |
| Licensing Code Citation(s) | | | | | | | | | | | | | | | | | | |
| Exception / Waiver Start Date (mm/dd/yyyy) | | | | | | | | Exception / Waiver End Date (mm/dd/yyyy) | | | | | | | | | | |
| Licensing Professional Narrative (include rationale for exception / waiver request) | | | | | | | | | | | | | | | | | | |
| Licensing Agency Supervisor Narrative | | | | | | | | | | | | | | | | | | |
| Licensing Agency Decision  Approve  Approve Licensing Agency Alternative  Deny | | | | | | | | | | Licensing Agency Decision Date (mm/dd/yyyy) | | | | | | | | |
| DCF Exception Panel Chairperson Narrative | | | | | | | | | | | | | | | | | | |
| DCF Exception Panel Decision | | | | | | | | | | | | | | | | | | |
| Approved Application as Is  Approved Licensing Agency Alternative  Denied Request | | | | | | | | | | | | | | | | | | |
| Approved Application with Specified Changes | | | | | | | | | | | | | | | | | | |
| DCF Exception Panel Decision Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | |
| **I. PROVIDER CHARACTERISTICS** | | | | | | | | | | | | | | | | | | |
| **Family Accepts** | | | | | | | | | | | | | | | | | | |
| ADD/ADHD requiring medication  Adoption only  AIDs infected or HIV positive  AODA  At least one parent stays home  Attachment  Autism  Behavioral difficulties at school  Bilingual capacity  Child-specific  Chronic school issues  Cognitive delays  Communicable diseases  Concurrent  Crisis respite  Cruelty to animals  Delinquency history  Depression  Developmental delays  Drug affected infants  Emergency placements | | | Emotionally abused  Enuresis / Encopresis  Fire Setting  Food / eating issues  Gang involved  History of making false allegations  History of running away  Hyperactivity  Infants  Legal risk  LGBTQ  Limited life expectancy  Medically needy / fragile / complex  Mental health issues  Neglected  Personal care needs  Physically abused  Physically aggressive  Pregnant / parenting  Previous foster family contact post-adopt  Psychiatric hospitalization history | | | | | | | | | | Psychotic  Requires oxygen  Requires smoke/pet dander free home  Requires special diet  Ritually abused  Self-injurious  Severe respiratory problems  Sexual behaviors  Sexually abused  Sibling groups  Significant asthma or allergies  Significant hearing loss or is deaf  Significant impaired vision or blind  Sleeping issues  Suicidal / homicidal  Supervise family interaction  Teens  Transports long distance  Wheelchair accessibility  Witness to violence community or family  Works closely with birth parents | | | | | |
| **Other Family Characteristics** | | | | | | | | | | | | | | | | | | |
| Adventist  Advocate for child in treatment  Agnostic  Amish  Apnea trained  Apostolic Christian  Bad River  Baptist  Born Again  Buddhist  Can use American Sign Language  Catholic  Chippewa  Christian  Christian Reformed  CPR trained  Episcopal  Evangelical  Forest Co. Potawatomi  Ho Chunk | | | | Home wheelchair accessible  Jehovah Witness  Jewish  Lac Courte Oreilles  Lac du Flambeau  Lutheran  Mennonite  Menominee  Methodist  Mole Lake  Mormon  Muslim  Native American religion  Near emergency medical facility  Non-denominational  On bus route  Oneida  Other religion  Other Indian tribe member  Pentecostal | | | | | | | Pet in home  Presbyterian  Protestant  Red Cliff  Smoker in home  Speaks other languages  St. Croix  Stockbridge-Munsee  Trained in medical procedures  Treatment foster home training  United Church of Christ  Unity religion  Unwilling to accept African American child  Unwilling to accept American Indian child  Unwilling to accept homosexual child / teen  Unwilling to accept Caucasian child  Unwilling to accept Hispanic child  Will go to therapy with child  Winnebago  Works well with biological parents | | | | | | | |
| **J. SIGNATURES** | | | | | | | | | | | | | | | | | | |
| Additional Notes: | | | | | | | | | | | | | | | | | | |
| Foster Care Licensing Professional Full Name | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | |
| SIGNATURE | | | | | | | | | | | |  | | | Date Signed | | | |