**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Relative Caregiver Licensing Decision**

**Use of form:** Completion of this form is required when the application of a Court-Ordered Kinship Care relative for foster home licensing is denied or otherwise determined to be ineligible.; its completion complies with the information to be provided to the court as required in s. 48.57(3m)(ap)(3), 48.57(3n)(ap)(3), Wisconsin Statutes or Ch. DCF 58.09(3) Admin. Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| --- | --- | --- | --- | --- | --- |
| **I. Child Information** | | | | | |
| Date Form Completed | Name – Agency | | | | |
| Name – Child (Last, First, MI) | | | Birthdate – Child | Court Case Number | |
| eWiSACWIS Case Number | | | | | |
| **II. Relative Caregiver Information** | | | | | |
| eWiSACWIS Provider Number | | | | | |
| Name – Relative Caregiver 1 (Last, First, MI) | | | | | |
| Name – Relative Caregiver 2 (Last, First, MI) | | | | | |
| Address – (Street, City, State, Zip Code) | | | | | |
| **III. Licensing Decision** | | | | | |
| Choose one below.  Denied  Deemed un-licensable | | | | | |
| Explanation of licensing decision: | | | | | |
| **V. Background Check Information as Specified in s.48.57(3pm) and 48.57(3n), Wisconsin Statutes** | | | | | |
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| **VI. The county department or department’s assessment of the safety of the Kinship Care relative’s or long-term Kinship Care relative’s home and the ability of the Kinship Care or long-term Kinship Care relative to care for the child.** | | | | | |
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| **VII. Agency Making the Licensing Determination** | | | | | |
| Name – Agency | | | | | |
| Address – Agency | | | | | |
| Name – Licensing Worker | | **SIGNATURE** – Licensing Worker | | | Date Signed |
| Name – Licensing Worker | | **SIGNATURE** – Licensing Worker | | | Date Signed |
| **VIII. Recommendation of the county department or department as to the continued placement of the child**  **in the home of the Kinship Care relative or long-term Kinship Care relative.** | | | | | |
|  | | | | | |
| Name – Caseworker | | **SIGNATURE** – Caseworker | | | Date Signed |
| Name – Supervisor | | **SIGNATURE** – Supervisor | | | Date Signed |