**Initial Application for Certification and Child Placement**

**Level 5 Foster Home**

**Use of form:** The use of this form is required by ss. DCF 56.13(7)(c) Wis. Admin. Code when applying for an exception to the DCF Exceptions Panel for the certification and child placement in a Level 5 Exceptional Treatment Foster Home. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The Licensing Agency shall submit this completed application to the DCF Exceptions Panel Chairperson through the Level 5 Submission Portal. The licensing agency should collaborate with the placing/supervising agency and CLTS/CCS to gather all necessary child specific information required as part of the application process.

**Application Type:**  Initial  Child Placement

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| **I. License Information** | | | | | |
| Licensing Agency | | | | | |
| Licensing Professional Full Name | | | | | Licensing Professional Phone |
| Licensing Professional Email | | | | | |
| Foster Parent Full Name(s) | | | | | |
| Foster Home Address | | | | | |
| Name of LLC or Corporation employing program staff | | | | | |
| Anticipated Foster License Effective Date: | | | | | |
| The licensing agency has verified that all requirements have been met for licensure, and the home is eligible to be licensed.  Date verified: | | | | | |
| Describe any home modifications or safety measures that have been made to meet the child(ren)’s specific needs. | | | | | |
| Identify existing foster homes to be used an emergency or alternative placement (e.g., staffing levels are unable to support youth temporarily). | | | | | |
| **II. Program Description** | | | | | |
| Describe the population to be served in the Level 5 home. | | | | | |
| Describe the programing and services the Foster Parent(s) and program staff will provide. | | | | | |
| **III. Staff** | | | | | |
| The licensing agency has verified that personnel policies are in place for staff working in the home that meet all the minimum requirements of ch. DCF 56 of the Wisconsin Administrative Code, including position descriptions for the foster parent(s) and program staff.  Date verified: | | | | | |
| **Foster Parent/s (Program Manager/s)** | | | | | |
| Describe Foster Parent(s) planned schedule for face-to-face interactions with child(ren) in the home. | | | | | |
| Describe **child specific training** the foster parent(s) will be expected to complete that will meet the needs of the child(ren) to be placed in the home (differentiate new hire training and ongoing training). | | | | | |
| The licensing agency has verified that all training requirements for the Foster Parent (Program Manager) have been met for licensure.  Date verified: | | | | | |
| **Program Staff** | | | | | |
| Describe program staff schedule and staff-to-child ratios (differentiate daytime staffing vs. overnight staffing; length of shifts). | | | | | |
| Describe **child specific training** program staff will be expected to complete that will meet the needs of the child(ren) to be placed in the home (differentiate new hire training and ongoing training). | | | | | |
| The licensing agency has verified that all training requirements for program staff have been met, sufficient to meet staffing ratios as described in the application.  Date verified: | | | | | |
| **IV. Background checks** | | | | | |
| The licensing agency has completed the background checks set forth in ch. DCF 56.055 and ch. DCF 12 of the Wisconsin Administrative Code for the foster parent/s and uploaded background checks into eWiSACWIS.  Date verified: | | | | | |
| The licensing agency has reviewed and verified program staff meet the background checks set forth in ch. DCF 56.055 and ch. DCF 12 of the Wisconsin Administrative Code.  Date verified: | | | | | |
| **V. Communication** | | | | | |
| List primary contact information for communication with DCF Level 5 Exceptions Panel. | | | | | |
| Full Name: | | | Email: | | |
| List primary contact information for communication with DCF/DHS regarding incident reports. | | | | | |
| Full Name: | | | Email: | | |
| **VI. Child Specific Information** | | | | | |
| Child/Youth Full Name: | | Placing Agency/County: | | Date of Birth (mm/dd/yyyy): | |
| Describe how this Level 5 Foster Home will support the emotional/behavioral/medical needs of the youth proposed to be placed in the home. | | | | | |
| Describe the formal community/county programs and services that the youth will be engaged in while placed in the Level 5 home. | | | | | |
| Describe any end-of-life preparations if the child is terminally ill. | | | | | |
| Describe any restrictive measures that are being used with this child in the current placement setting, if applicable. | | | | | |
| If the agency has applied for a restrictive measure plan for mechanical restraints or protective equipment through DHS, please describe. | | | | | |
| **VII. Required attachments for each child** | | | | | |
|  | Memorandum of Understanding (MOU) | | | | |
|  | Sample of a daily house schedule. | | | | |
|  | Child’s most recent Behavioral Support/Crisis Plan. | | | | |
|  | Include letters from therapists, social workers, and other professionals who are currently working with the child which include information regarding the appropriateness of this setting for the child. | | | | |
|  | If child is medically fragile, include the emergency medical protocols to ensure the most responsive and appropriate medical treatment for the child. | | | | |