**Assessment/Stabilization Center (DCF 59)**

**Application #437007-G24-0002282**

**Application Information**

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

The checklist below identifies the information that must be completed and submitted as part of the application process with the Division of Milwaukee Child Protective Services. A separate application packet is required for each licensed facility. Facilities **must** have experience providing Assessment/Stabilization Center services to DMCPS youth in out-of-home care placement within the last two calendar years (2022 and 2023). Facilities must be located in Milwaukee County and have the ability to accept placement referrals and receive placement seven days year week, 24 hours per day.

**This document must be returned to Division of Milwaukee Child Protective Services by emailing it to** [**DCFDMCPSProvider@wisconsin.gov**](mailto:DCFDMCPSProvider@wisconsin.gov)**.** **Application materials are due by** **11:59PM on October 30, 2023, responses received after the due date and time will not be accepted.**

***Note: You must also submit your 2024 Budget for approval to DMCPS with this Application Information. The budget should include the total cost per year. Please provide a detailed spreadsheet listing your expenses inclusive of the number of beds being provided.***

All applications will be reviewed by an application review committee who, in DMCPS’s judgement, possess specific knowledge and skills essential to this application. The application committee will review and score the applications. The score given by each member shall be summed and divided by the number of committee members to compute the average score for each application. Applications will be ranked based on the numerical scores received.

The Department of Children and Families (DCF) will issue up to three one-year contracts to the top scoring applicants that will be in effect from January through December 2024, with an optional 1-year renewal.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Facility Licensing Information** | | | | | | |
| Facility Name | | | | | | |
| Corporation Name (if different from facility name) | | | | | | |
| Licensing Capacity | | Sex of Children  Male  Female | Age Range of Children | | | |
| Length of time providing Assessment Center Services to DMCPS youth | | | | | | |
| No experience  1 to 5 months  6 months to 2 years | | | | 3 years to 5 years  5 years or more | | |
| Programming Offered for Specialized Populations | | | | | | |
| Alcohol/Drug Use/Abuse  Autism  Cognitive Disabilities  Emotional/Behavioral Disorders  History of Sexualized Behaviors  LGBTQIA2S+ | | | | Medically Needy  Teen Parenting  Transition to Adulthood  Victims of sexual assault (not Human Trafficking)  Victims of human trafficking  Other: | | |
| Wraparound Contract  Yes  No  TBD | | | | | | |
| **Program Information Narrative** | | | | | | |
| 1. | Describe how you have provided a safe and nurturing environment in which youth can be stabilized, monitored, and assessed in your history as an Assessment/Stabilization Center service provider. (25 points) | | | | | |
| 2. | Describe what general services your program offers to youth and families enrolled in your programming, and what each youth/family can expect to receive. (25 points) | | | | | |
| 3. | Describe your process for managing the review and acceptance of placement referrals seven days per week, 24 hours per day. (25 points) | | | | | |
| 4. | Describe your staffing levels and child to staff ratios. Include details of your plan to add staff for emergency situations and to meet any special needs of the children, including your willingness to meet the special needs of any children. (25 points) | | | | | |
| **Facility Information:** Provide complete facility contact information as specified below. | | | | | | |
| Facility Name | | | | | | Facility Telephone Number |
| Facility Physical Address (Street, City, State, Zip Code) | | | | | | Placements Telephone Number |
| Facility Mailing Address (if different than above) | | | | | | Emergency Telephone Number |
| Facility Email Address | | | | | | Facility Fax Number |
| Facility Director Name | | | | | Facility Director Telephone Number | |
| Facility Director Email | | | | | | |
| Fiscal Contact Name | | | | | Fiscal Contact Telephone Number | |
| Fiscal Contact Email | | | | | | |
| FEIN Number | | | | UEI Number | | |
| **Corporate Information (If different from facility information)** | | | | | | |
| Corporation Name | | | | | | Corporation Telephone Number |
| Corporation Physical Address (Street, City, State, Zip Code) | | | | | | |
| Corporation Mailing Address (Street, City, State, Zip Code) | | | | | | |
| **Contract Information** | | | | | | |
| Name of Person with Authority to Sign a DCF Contract | | | | | | |
| Telephone Number of Contract Authorized Person | | | | | | |
| Direct Email of Contract Authorized Person (Contract are sent to the agency as a DocuSign Document, so email MUST belong to the signee) | | | | | | |