**Public Adoptions Request
for Specialized Services or Congregate Care Placements**

**Use of Form:** This form is required to be completed by a Public Adoption Professional when requesting approval for Specialized Services and/or a placement within a RCC or group home for a child. After completing the form, the Public Adoption Supervisor will submit the request to the Adoption and Post-Permanency Supports Section at DCFDSPPublicAdoptionAgencyRequest@wisconsin.gov for approval or denial for the requested service(s). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes.]

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| **Section I: Case Information** |
| Public Adoption Professional’s Full Name      |
| Child’s Full Name      | eWiSACWIS Case ID      |
| **Section II: Specialized Services and/or RCC Placement Information** |
| Date of Request (mm/dd/yyyy)      |
| Approval Request for (choose all that apply) |
| [ ]  Specialized Services | [ ]  RCC Placement | [ ]  Group Home Placement |
| Summary of Issue (include all relevant information)      |
| Identify the specialized service that is being requested      |
| Proposed Provider for Requested Services      |
| Cost of Services$      | Duration of Services      |
| Professional’s Recommendation      |
| **Payment Options** |
| [ ]  Bill to Contract | [ ]  Bill to DCF Adoption Accountant |
| **Section III: Public Adoption Supervisor Approval**  |
| [ ]  By checking this box, I have reviewed and approve this request. |
| Special considerations or expectations:      |
|  |  |       |
| Public Adoption Supervisor’s Signature |  | Date Signed (mm/dd/yyyy) |
| **Section IV: DCF Adoption and Post-Permanency Supports Section Approval** |
| [ ]  By checking this box, I approve this request as is for the following time period:       to      |
| [ ]  By checking this box, I approve this request for the following time period:       to      and with the followingconditions:      |
| [ ]  By checking this box, I deny this request.Reason for denying request:      |
|  |  |       |
| DCF APPS Representative’s Signature |  | Date Signed (mm/dd/yyyy) |