**Need Determination**

**Use of form:** Completion of this form meets the documentation requirements for a need determination for proposal of a new Residential Care Center for Children and Youth (RCC) or expansion of a licensed RCC per Wis. Admin. Code s. DCF 52.61(5). Completion of this form along with the submission of a statement of support from a qualifying agency meets the documentation requirement for a need determination for proposal of a new group home or expansion of a licensed group home per Wis. Admin. Code s. DCF 57.485(2). Use of this form is voluntary. The Department will review all the information provided when making a determination of need. Completion of this form does not guarantee that the Department will determine that there is a need for the proposed facility or expansion of beds. Please be aware that, aligned with the Family First Prevention Services Act (FFPSA) and Wisconsin’s commitment to putting families first, DCF’s focus is on serving children with their families and in their communities, not on increasing congregate care placements. Prior to applying for a group home or RCC license, the Department must assess and determine the need for such a facility. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes].

**Instructions:** Sections 1-4 of this form must be completed by the proposed group home or RCC provider. Submit completed forms to the Department via email at [dcfcwlneedsdetermination@wisconsin.gov](mailto:dcfcwlneedsdetermination@wisconsin.gov).

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| **1. PROPOSED PROVIDER** | | | | | |
| Name of Proposed Provider Agency | | | | | Provider Type  Group Home  RCC |
| Address | | | | | Telephone Number |
| Full Name of Proposed Licensee (First, Last) | | Email Address | | | |
| Proposed bed capacity | Age range of children to be served     to | | Sex of children to be served | | Proposed per diem rate |
| Provide a detailed description of the proposed population to be served: | | | | | |
| Describe the proposed program and treatment goals, include how trauma informed care will be incorporated into programing: | | | | | |
| Provide a detailed description of program staffing include full time and part time positions, job titles, required degree or certification, number of staff proposed for each position: | | | | | |
| For RCCs, describe the methodology and findings which document the reasons why the unserved children cannot be served in less restrictive settings i.e., in their own home with treatment services, foster homes or group homes: | | | | | |
| For RCCs, document that existing Wisconsin placement resources are not adequate to meet the needs of Wisconsin children who require the type or types of care and treatment services proposed:    \* Documentation for proposed new or expanded RCCs must meet the requirement criteria of Wis. Admin. Code s. DCF 52.61(7)(a)2. No beds occupied or to be occupied by children who are placed primarily for educational purposes may be considered in determining need under this section. Of the remining beds, not more than 40% shall be considered available for out-of-state children. | | | | | |
| For RCCs, provide information that supports the probability that a new or expanded program will be used by Wisconsin placements resources:    \*Proposed expanding RCC programs must show evidence that the program will attain and maintain an average monthly occupancy rate of not less than 80% over the first two years. A proposed new RCC must provide evidence that the program will have an average monthly occupancy rate of not less than 80% at the end of the second year. | | | | | |
| **2. REQUIRED ATTACHMENTS** | | | | | |
| * Attach diagram of the floor plan. Include use and square footage of each room, location of exits, and for bathrooms indicate toilets, tubs, showers, and washbasins.) * Attach proposed budget. | | | | | |
| **3. LOCAL NEWSPAPER** –This section is only required for new or expanding RCCs | | | | | |
| Local Newspaper Name | | | | Local Newspaper Phone Number | |
| **4. SIGNATURE PROPOSED LICENSEE** | | | | | |
| Signature | | | | Date (mm/dd/yyyy) | |