DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

FOSTER PARENT INSURANCE PROGRAM
CLAIM OF LOSS OR DAMAGE

Use of form: Completion of this form is required before a claim for foster parent insurance (s.48.627) can be made to the department. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: In order for any claim to be considered for payment, the foster parent must complete the Circumstances of Loss or Damage and Itemization of Loss or Damage sections of this form. If theft is involved, a copy of the police report must be attached. *Social security number is voluntary and will be used for identification purposes only if payment is made.

Amount of Claim
$

Name – Foster Parent(s)

Address (Street, City, State, Zip Code)

Telephone Number – Home	Telephone Number – Work

Name – Child Placing Agency

List the name and age of each foster child who contributed to the loss or damage.

Name	**Age**

Name – Person Who Suffered Loss [If other than foster parent(s)]	Relationship to Foster Parent(s)

Address – Person Who Suffered Loss (Street, City, State, Zip Code)

Check the type of insurance carried by the foster parent(s): ☐ Homeowner ☐ Renter ☐ Medical ☐ Vehicle

Date – Loss or Damage Occurred (mm/dd/yyyy)	If loss or damage occurred over a period of time, list beginning and end dates. From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

☐ Yes ☐ No If insured, will payment be made? If "Yes", payment amount: $ _____

Attach documentation from insurance company which verifies payment or denial.

☐ Yes ☐ No Was there a waiver of the homeowners or renters liability insurance requirement? If "Yes", attach a copy of the waiver.

For each quarter, if the total claim exceeds the budget of $15,000, plus applicable federal funds, the reimbursement is prorated. If any funds are left at the end of the state fiscal year, these remaining funds are prorated to claimants not receiving full reimbursement. The department makes no guarantee that a prorated claim will be made whole at the end of the state fiscal year. Claims do not carry over into the next state fiscal year.

I hereby certify that all statements and information provided are true and correct to the best of my ability and that the loss of damage claimed actually occurred. I understand that the placing agency or representatives of the Wisconsin Department of Children and Families will verify this claim and may contact any parties involved. I understand that I may only claim for loss or damage not covered by any other insurance. I further understand that there is a deductible per state fiscal year (July 1 – June 30).

SIGNATURE – Foster Parent	*Social Security Number	Date Signed

SIGNATURE – Foster Parent	*Social Security Number	Date Signed

STATEMENT OF CIRCUMSTANCES FOR LOSS OR DAMAGE

Explain how the loss or damage occurred and who was involved. If theft was involved, a copy of the police report must accompany your claim.

ITEMIZATION OF LOSS OR DAMAGE

List each item, the date the loss or damage occurred, and the replacement cost for which you are submitting a claim. If you need more space, continue on a separate sheet of paper using the same format. Sales receipts, estimates or other documentation for each item listed must be attached.

Item	Date of Loss / Damage (mm/dd/yyyy)	Replacement Cost	OR	Repair Cost
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

TOTAL COST: $ ____________________