

Kinship Care Payment Application

Use of form: Use of this form is mandatory; its completion meets the requirements of s.48.57(3m) of the Wisconsin Statutes. Personally identifiable information collected on this form is confidential and will be used for identification and determination of eligibility for a payment only. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it will result in an information processing delay.

NOTICE: This form must be completed to the best of the applicant's ability. Misrepresenting the applicant's relationship to the child, or providing false information regarding the child, the child's parents, the applicant or members of the applicant's household will result in denial of the kinship grant.

I. PRIMARY RELATIVE CAREGIVER(S)

1. Name – Relative Caregiver (Last, First, MI)		Is Relative Caregiver a Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?			
Address – Street		City	State	Zip Code	Telephone Number – Home
Cell Number		Email Address			
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Hispanic or Latino / Latina <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity (Check at least one box and may check up to three boxes)					
<input type="checkbox"/> White	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> American Indian / Alaskan Native			
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other			
Household Type					
<input type="checkbox"/> Single female	<input type="checkbox"/> Single male with unrelated partner	<input type="checkbox"/> Single female with unrelated partner			
<input type="checkbox"/> Married couple	<input type="checkbox"/> Single male	<input type="checkbox"/> Other			
Number of children in household		How are they related to you (applicant):			
Marital Status					
<input type="checkbox"/> Single – never married	<input type="checkbox"/> Married – living together	<input type="checkbox"/> Married – but separated			
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed				

Educational Level

_____ _____ Enter one of the following two digit codes.

- 01 to 11 Grade level completed in primary / secondary school. Enter last grade completed.
- 12 High school diploma, GED or National External Diploma Program
- 13 Awarded Associate's Degree
- 14 Awarded Bachelor's Degree
- 15 Awarded Graduate Degree (Master's or higher)
- 16 Other credentials (degree, certificate, diploma, etc.)
- 98 No formal education

Employment Status

- Employed Unemployed
- Not in labor force (unemployed / not looking for work, retired, disabled, etc.)

2. Name – Relative Caregiver (Last, First, MI)		Is Relative Caregiver a Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?	
Cell Number		Email Address	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Hispanic or Latino / Latina <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity (Check at least one box and may check up to three boxes)			
<input type="checkbox"/> White	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other	
Household Type			
<input type="checkbox"/> Single female	<input type="checkbox"/> Single male with unrelated partner	<input type="checkbox"/> Single female with unrelated partner	
<input type="checkbox"/> Married couple	<input type="checkbox"/> Single male	<input type="checkbox"/> Other	
Number of children in household		How are they related to you (applicant):	
Marital Status			
<input type="checkbox"/> Single – never married	<input type="checkbox"/> Married – living together	<input type="checkbox"/> Married – but separated	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		
Educational Level			
_____ Enter one of the following two digit codes.			
01 to 11 Grade level completed in primary / secondary school. Enter last grade completed.			
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13 Awarded Associate's Degree			
14 Awarded Bachelor's Degree			
15 Awarded Graduate Degree (Master's or higher)			
16 Other credentials (degree, certificate, diploma, etc.)			
98 No formal education			
Employment Status			
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed			
<input type="checkbox"/> Not in labor force (unemployed / not looking for work, retired, disabled, etc.)			

II. CHILD APPLICANT(S)

1. Name – Child (Last, First, MI)		Birthdate (mm/dd/yyyy)	Social Security Number
Ethnicity (Check at least one box and may check up to three boxes)			
<input type="checkbox"/> White	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other	
Relationship to Caregiver		Date – Began Living with Relative Caregiver	
Name – Parent of Child Applicant		Marital Status	Birthdate (mm/dd/yyyy)
			Telephone Number – Home
Address – Street		City	State
			Zip Code
Name – Parent of Child Applicant		Marital Status	Birthdate (mm/dd/yyyy)
			Telephone Number – Home
Address – Street		City	State
			Zip Code
Parents Relationship Status to each other:			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Never Married			
Education & Other Resources			
Name – School Attending:		Last Grade Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No Receiving SSI:		If yes, on behalf of self or parent?	
<input type="checkbox"/> Enrolled in BadgerCare Plus or	<input type="checkbox"/> Enrolled in private Insurance	<input type="checkbox"/> Guardianship?	<input type="checkbox"/> Ch. 54 <input type="checkbox"/> 48.977

2. Name – Child (Last, First, MI)		Birthdate (mm/dd/yyyy)	Social Security Number
Ethnicity (Check at least one box and may check up to three boxes)			
<input type="checkbox"/> White	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other	
Relationship to Caregiver		Date – Began Living with Relative Caregiver	
Name – Parent of Child Applicant	Marital Status	Birthdate (mm/dd/yyyy)	Telephone Number – Home
Address – Street	City	State	Zip Code
Relationship to Caregiver		Date – Began Living with Relative Caregiver	
Name – Parent of Child Applicant	Marital Status	Birthdate (mm/dd/yyyy)	Telephone Number – Home
Address – Street	City	State	Zip Code
Parents Relationship Status to each other:			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Never Married			
Education & Other Resources			
Name – School Attending:		Last Grade Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No Receiving SSI:		If yes, on behalf of self or parent?	
<input type="checkbox"/> Enrolled in BadgerCare Plus or	<input type="checkbox"/> Enrolled in private Insurance	<input type="checkbox"/> Guardianship?	<input type="checkbox"/> Ch. 54 <input type="checkbox"/> 48.977
3. Name – Child (Last, First, MI)		Birthdate (mm/dd/yyyy)	Social Security Number
Ethnicity (Check at least one box and may check up to three boxes)			
<input type="checkbox"/> White	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other	
Relationship to Caregiver		Date – Began Living with Relative Caregiver	
Name – Parent of Child Applicant	Marital Status	Birthdate (mm/dd/yyyy)	Telephone Number – Home
Address – Street	City	State	Zip Code
Name – Parent of Child Applicant	Marital Status	Birthdate (mm/dd/yyyy)	Telephone Number – Home
Address – Street	City	State	Zip Code
Parents Relationship Status to each other:			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Never Married			
Education & Other Resources			
Name – School Attending:		Last Grade Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No Receiving SSI:		If yes, on behalf of self or parent?	
<input type="checkbox"/> Enrolled in BadgerCare Plus or	<input type="checkbox"/> Enrolled in private Insurance	<input type="checkbox"/> Guardianship?	<input type="checkbox"/> Ch. 54 <input type="checkbox"/> 48.977

4. Name – Child (Last, First, MI)		Birthdate (mm/dd/yyyy)	Social Security Number
Ethnicity (Check at least one box and may check up to three boxes)			
<input type="checkbox"/> White	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other	
Relationship to Caregiver		Date – Began Living with Relative Caregiver	
Name – Parent of Child Applicant	Marital Status	Birthdate (mm/dd/yyyy)	Telephone Number – Home
Address – Street	City	State	Zip Code
Name – Parent of Child Applicant	Marital Status	Birthdate (mm/dd/yyyy)	Telephone Number – Home
Address – Street	City	State	Zip Code
Parents Relationship Status to each other:			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Never Married			
Education & Other Resources			
Name – School Attending:		Last Grade Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No Receiving SSI:		If yes, on behalf of self or parent?	
<input type="checkbox"/> Enrolled in BadgerCare Plus or	<input type="checkbox"/> Enrolled in private Insurance	<input type="checkbox"/> Guardianship?	<input type="checkbox"/> Ch. 54 <input type="checkbox"/> 48.977
III. OTHER ADULT MEMBERS IN THE HOUSEHOLD			
1. Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
2.. Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
3. Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
4. Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
5. Name (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
<input type="checkbox"/> See attachment for additional adult household members			

IV. OTHER CHILDREN IN THE HOUSEHOLD (i.e., children not in kinship)

1. Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
2. Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
3. Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
4. Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		
5. Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	
Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?		

See attachment for additional adult household members

V. EMPLOYEES OF CAREGIVER RELATIVE WHO WOULD HAVE REGULAR CONTACT WITH CHILD

1. Name		Birthdate (mm/dd/yyyy)		Telephone Number – Home	
Address – Street		City		State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?					
2. Name		Birthdate (mm/dd/yyyy)		Telephone Number – Home	
Address – Street		City		State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?					
3. Name		Birthdate (mm/dd/yyyy)		Telephone Number – Home	
Address – Street		City		State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?					

VII. NARRATIVE: Please explain why this child / these children cannot safely reside with their parent(s)

VIII. CONFIRMATION

I, the undersigned Relative Caregiver, attest to the following:

- Neither I, any other adult resident of this household nor any employee who would have regular contact with the minor relative identified above, have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
- I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
- I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves our home.
- I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
- I will cooperative with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.
- I understand that the Kinship Care funds I receive may not be used toward purchases in any liquor store; any casino, gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

SIGNATURE – Relative Caregiver

Date Signed

SIGNATURE – Relative Caregiver

Date Signed
