## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

## **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)							
Name – Relative Caregiver (Last, First, MI)			Is Relative Caregiver a Wisconsin Resident?				
			Yes No If "Yes", for how long?				
Address – Street City		State	e	Zip Code	Telephone Number – Home		
Cell Number			Email Address				
			Zinan / taarooo				
Birthdate (mm/dd/yyyy) Ge	ender	Social Secu	I Security Number Hispanic or Latino / Latina				
☐ Male ☐ Female			Yes No				
Ethnicity (Check at least one box and	nd may check up to three boxes	)					
White	Black / African-A		n American Indian / Alaskan Native				
Asian		/ Pacific Isla	fic Islander				
Household Type	Circula made militar			□ o:-	ala fara ala crista con alata di a arta a		
☐ Single female ☐ Single male with unrela ☐ Single male ☐ Single male			ated partner Single female with unrelated partner  Other				
Number of children in household How are they related to you (applicant):							
Marital Status	<u>,</u>						
Single – never married	Married – living	together	er Married – but separated				
Divorced	₩idowed						
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 O	cate, diploma	a, 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?					
				☐ Yes ☐ No If "Yes", for how long?					
Cell Number				Email Addre	ess				
			r						
Birthdate (mm/dd/yyyy)	Gender		Socia	I Security Nu	mber	Hispa	anic or Latino / Latina		
	☐ Male ☐ Fer	male				□ Y	es 🗌 No		
Ethnicity (Check at least one box	and may check up	to three boxes	)						
White	□ B	lack / African-A	America	an		] Americar	n Indian / Alaskan Native		
Asian	N	ative Hawaiiar	ian / Pacific Islander Other						
Household Type									
Single female		-	gle male with unrelated partner Single female with unrelated partner						
Married couple  Number of children in household		ingle male	e male  Other  How are they related to you (applicant):						
		now are in	ey relai	led to you (ap	opiicani).				
Marital Status		launiaal liviaan	4 4			] N40 mmi a al	hut paragets d		
☐ Single – never married☐ Divorced		larried – living /idowed	togetne	er Er		Married – but separated			
Educational Level		naowoa							
	of the following two	digit codes							
01 to 11	Grade level compl	· ·	u / seco	andary school	I Enter las	t arada co	mnleted		
12	High school diplon						mpieteu.		
13	Awarded Associat								
14	Awarded Bachelor	r's Degree							
15	Awarded Graduate	• ,		• ,					
16 98	Other credentials  No formal education		cate, di	ploma, etc.)					
	No formal education	on							
Employment Status									
	employed								
☐ Not in labor force (unemployed / not looking for work, retired, disabled, etc.)									
II. CHILD APPLICANT(S)						1			
1. Name – Child (Last, Fire			Birthdate	(mm/dd/yyy	/y)	Social Security Number			
Ethnicity (Check at least one box									
White	_	lack / African-A		<u>=</u>					
Asian	□N	ative Hawaiiar	ı / Pacif						
Relationship to Caregiver				Date – Began Living with Relative Caregiver					
Name Parent of Child Applicant		Marital Ctate		Dirthdoto	(mm/dd/\nn	n/) T	Glanhana Numbar Hama		
Name – Parent of Child Applicant		Marital Statu	JS	Diffiliate	(mm/dd/yyy	/y)   1	elephone Number – Home		
Address – Street		City			State	Z	ip Code		
				1					
Name – Parent of Child Applicant		Marital Statu	ıs	Birthdate	(mm/dd/yyy	/y) T	elephone Number – Home		
Address – Street		City		_	State	Z	ip Code		
						·			
Parents Relationship Status to each other:									
☐ Married ☐ Divorced ☐ Widow/er ☐ Never Married									
Education & Other Resources									
Name – School Attending:  Last Grade Completed									
□ Voo. □ No Beasities C	201.	1 1 16 6							
Yes No Receiving SSI: If yes, on behalf of self or parent?									
☐ Enrolled in BadgerCare Plus or ☐ Enrolled in private Insurance ☐ Guardianship? ☐ Ch. 54 ☐ 48.977									

2. Name – Child (Last, First, MI)			Birthdate (mm/dd/yyyy) Social Security Num		
Ethnicity (Check at least one box and may check up to three boxes)					
	ack / African-America	n	Americ	an Indian / Alaskan Native	
☐ Asian ☐ Na	ative Hawaiian / Pacifi	c Islander	Other		
Relationship to Caregiver			Date – Began Liv	ing 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 Liv	ing 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:			l l		
Married Divorced Wido	w/er Never M	arried			
Education & Other Resources					
Name – School Attending:	Las	st Grade Cor	mpleted		
Yes No Receiving SSI: If yes,	on behalf of self or pa	arent?			
☐ Enrolled in BadgerCare Plus or ☐ Enrolled in private Insurance ☐ Guardianship? ☐ Ch. 54 ☐ 48.					
3. Name – Child (Last, First, MI)			(mm/dd/yyyy)	Social Security Number	
Ethnicity (Check at least one box and may check up t	o three boxes)				
☐ White ☐ BI	n	Americ	an Indian / Alaskan Native		
Asian Na	c Islander				
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		(mm/dd/yyyy)	Telephone Number – Home	
Address – Street City			State	Zip Code	
Parents Relationship Status to each other:					
☐ Married   ☐ Divorced   ☐ Widow/er   ☐ Never Married					
Education & Other Resources					
Name – School Attending:  Last Grade Completed					
☐ Yes ☐ No Receiving SSI: If yes, on behalf of self or parent?					
☐ Enrolled in BadgerCare Plus or ☐ Enrolled in private Insurance ☐ Guardianship? ☐ Ch. 54 ☐ 48.977					

4. Name – Child (Last, First, MI)			rthdate (mm/dd/yyyy) Social Security Numl				
Ethnicity (Check at least one box and may check up to three boxes)							
White	Black / African-Americar	າ	America	n Indian / Alaskan Native			
Asian							
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 2	Zip Code			
Name – Parent of Child Applicant	Marital Status Birthda		(mm/dd/yyyy)	Telephone Number – Home			
Address – Street	City		State 2	Zip Code			
Parents Relationship Status to each other:  Married Divorced Wieldstand	dow/er Never Ma	arried					
Name – School Attending:	Las	t Grade Co	Grade Completed				
Yes No Receiving SSI: If ye	Yes No Receiving SSI: If yes, on behalf of self or parent?						
☐ Enrolled in BadgerCare Plus or ☐ Enrolled in private Insurance ☐ Guardianship? ☐ Ch. 54 ☐							
III. OTHER ADULT MEMBERS IN THE H	HOUSEHOLD						
1. Name (Last, First, MI)	Social Security Number		Birthdate (mm/dd/yyyy)				
Relationship to Relative Caregiver	Yes No Wiscon	sin resident	t? If "Yes", for how long?				
2 Name (Last, First, MI)	Social Security Number		Birthdate (mm/dd/yyyy)				
Relationship to Relative Caregiver			resident? If "Yes", for how long?				
Name (Last, First, MI)     Social Security Number			Birthdate (mm/dd/yyyy)				
Relationship to Relative Caregiver	regiver Yes No Wisconsin reside			? If "Yes", for how long?			
4. Name (Last, First, MI)		Birthdate (mm/dd/yyyy)					
Relationship to Relative Caregiver	Yes No Wiscons	sin resident	t? If "Yes", for how long?				
5. Name (Last, First, MI)	Name (Last, First, MI) Social Security Number			уууу)			
Relationship to Relative Caregiver	Yes No Wiscon	sin resident	? If "Yes", for how lo	ng?			
See attachment for additional adult household members							

IV.	IV. OTHER CHILDREN IN THE HOUSEHOLD (i.e., children not in kinship)						
1.	Name (Last, First, MI)				Birthdate (	mm/dd/yyy	yy)
	Relationship to Relative Caregiver	☐ Yes ☐ N	No Wiscon	sin resident?	If "Yes", for	how long?	?
2.	Name (Last, First, MI)				Birthdate (	mm/dd/yyy	/y)
	Relationship to Relative Caregiver	☐ Yes ☐ N	No Wiscon	sin resident?	If "Yes", for	how long?	?
3.	Name (Last, First, MI)				Birthdate (	mm/dd/yyy	yy)
	Relationship to Relative Caregiver	Yes 1	No Wiscon	sin resident?	If "Yes", for	how long?	?
4.	Name (Last, First, MI)				Birthdate (	mm/dd/yyy	<b>y</b> y)
	Relationship to Relative Caregiver	☐ Yes ☐ N	No Wiscon	sin resident?	If "Yes", for	how long?	?
5.	Name (Last, First, MI)	<u> </u>			Birthdate (	mm/dd/yyy	yy)
	Relationship to Relative Caregiver	☐ Yes ☐ N	No Wiscon	sin resident?	If "Yes", for	how long?	?
	See attachment for additional adult household	d members					
٧.	EMPLOYEES OF CAREGIVER REL	ATIVE WHO	WOULD	HAVE REG	ULAR CO	NTACT W	/ITH CHILD
1.	Name			Birthdate (	mm/dd/yyyy)	Tel	ephone Number – Home
	Address – Street		City			State	Zip Code
	Yes No Wisconsin resident? If "Yes	". for how long	?				
2.	Name	<u>,</u>		Birthdate (	mm/dd/yyyy)	Tel	ephone Number – Home
	Address – Street		City			State	Zip Code
	Yes No Wisconsin resident? If "Yes	". for how long	?				
3.	Name	<u>,</u>		Birthdate (	mm/dd/yyyy)	Tel	ephone Number – Home
	Address - Street		City			State	Zip Code
-	Yes No Wisconsin resident? If "Yes	", for how long	! ?				

VIII.	CONFIRMATION				
I, the u	ndersigned 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.				
•	leaves our home.				
•	3 · · ] · · · · · · · · · · · · · · · ·				
•	I will cooperative with the agency in this application process and the annual review processistance programs for which the minor relative identified above may be eligible.	cess, including applying for any other financial			
<ul> <li>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.</li> </ul>					
SIGNA	TURE – Relative Caregiver	Date Signed			
SIGNA	TURE – Relative Caregiver	Date Signed			
		1			

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

VII.