

KINSHIP CARE PAYMENT ELIGIBILITY DETERMINATION

Use of form: Data collected on this form is voluntary and will be used to determine eligibility for Kinship Care payments per s.48.57(3m) of the Wisconsin Statutes. Personally identifiable information collected on this form is confidential and is accessible only to authorized individuals. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Kinship Care agencies may use this form to determine the eligibility of a child and relative caregiver for a Kinship Care payment. Whether or not this form is used, the criteria included in the form must be used in determining eligibility.

Name - Relative Caregiver (Last, First, MI)	Name - Minor Relative (Last, First, MI)
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I. Jurisdictional Criteria

For a Kinship Care payment to be approved, it must be determined that either:

1. The child meets one or more of the criteria under s.48.13 [Child in Need of Protection or Services (CHIPS)] or s.938.13 [Juvenile in Need of Protection or Services (JIPS)];
OR
2. In the judgment of the approving agency, the possibility exists that the child might in the future meet one or more of these criteria if the child were to remain in his or her home.

The determination that the child or juvenile might need protection or services in the future is simply a judgment that conditions in the home are such that, absent any change in the stresses or other conditions, the child and family might at some point need assistance. This is not the same as a case finding under s.48.981 that a child has been threatened with abuse or neglect or that abuse or neglect is likely to occur.

Yes No Does the description in either 1. or 2. above apply in this case?

If you answered "No", the payment is denied. You do not need to complete the rest of the form.

II. Need Criteria

Beyond the specific CHIPS and JIPS jurisdiction identified in Section I, could one of the following needs of the child be better met in the relative caregiver's home because of conditions in the parental home? The identification of basic needs is from s.48.01(1)(ag), Stats.

- Yes No Adequate food, clothing and shelter.
- Yes No Free from physical, sexual or emotional injury of exploitation.
- Yes No Develop physically, mentally and emotionally to his / her potential.
- Yes No Safe and permanent family.

If you answered "No" to **all** of the above, the payment is denied. You do not need to complete the rest of the form.

III. Best Interest Criteria

In order for a Kinship Care payment to be approved, either 1. must be answered "Yes" or 2.a. and 2.b. must be answered "Yes" and 2.c. must be answered "No."

- Yes No 1. Is the child placed with the relative by order of the juvenile court?
- Yes No 2. a. Does at least one parent who is a custodial parent approve of the placement? (If reasonable efforts to contact the parent have been unsuccessful, indicate "Yes".)
- Yes No b. Do the parenting history and ability of the relative caregiver indicate that the placement would not be contrary to health, safety and welfare of the child?
- Yes No c. Has any child in the relative caregiver's home committed delinquent or other acts that endangered the safety of another child or that could adversely affect the child for whom the application is being made?

IV. Other Program Requirements

Are all of the following program requirements met?

- Yes No Is the child living with a relative as defined in s. 48.57 (3m)(a)2., Stats.?
- Yes No Has the relative cooperated with the agency in the application process?
- Yes No Has the relative signed an agreement to notify the county or tribal agency if the child leaves or if new persons subject to the criminal records check become residents of the relative's home or enter the relative's employ?
- Yes No Is the criminal record of the relative, other adult resident of the household or an employee of the relative who might have regular contact with the child acceptable?
- Yes No Has the relative applied for other forms of assistance for which the child is eligible or has the relative indicated that he or she will apply for such other forms of assistance?
- Yes No Has the relative stated, verbally or in writing, that neither he or she, any other adult living in the home nor any employee of the relative who might have regular contact with the child has any arrests or convictions that could adversely affect the child or the relative's ability to care for the child?

If you answered "No" to any of the above, the payment is denied. You do not need to complete the rest of the form.

V. Eligibility

- Yes No Did you answer "Yes" to the question in Section I?
- Yes No Did you answer "Yes" to **any** of the criteria in Section II?
- Yes No Did you answer "Yes" to either 1. or 2.a. and 2.b. and "No" to 2.c. in Section III?
- If you answered "Yes" to the questions immediately above, you have determined that it is in the best interests of the child to live with the relative.
- Yes No Did you answer "Yes" to **all** of the items in Section IV?
- If you answered "No" to **any** question in this section, the Kinship Care living arrangement is **not approved for payment**.

V. Signature

SIGNATURE - Agency Representative

Date Signed
