

KINSHIP CARE GOOD CAUSE CLAIM For Refusing to Cooperate in Obtaining Child and / or Medical Support

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

The following are circumstances under which the county or tribal child welfare agency may find that you have "good cause" for not cooperating:

1. Your cooperation could result in physical or emotional harm to the child in your care.
2. Your cooperation could result in physical or emotional harm to you which is so serious it reduces your ability to care for the child adequately.
3. The child in your care was born as a result of incest or sexual assault.

If you claim "good cause" for one of the above reasons, you must provide evidence to support your claim. You have 20 days from the date you claim "good cause" to give the child welfare agency this evidence. More time can be approved for exceptional reasons. The following are examples of the kinds of evidence you can use to support "good cause."

1. Birth certificates or medical or law enforcement records that indicate that the child was conceived as the result of incest or sexual assault.
2. Court, medical, criminal, child protective services, social services, psychological or law enforcement records which indicate that the alleged or absent parent might inflict physical or emotional harm on you or the child.
3. Medical records which give your or the child's emotional health history and present health status; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child.
4. A sworn statement from individuals, including friends, neighbors, clergy, social workers and medical professionals who might have knowledge of circumstances which would help support your claim.
5. Any other supporting or corroborative evidence.

If you have no evidence to support your fear of physical harm, it may still be able to make a "good cause" determination after an investigation. The agency may decide to conduct an investigation of any good cause claim. You may be required to give information to help in that investigation. The absent parent(s) will not be contacted without your being told first.

The child welfare agency must decide within 45 days if you have "good cause" based on your evidence.

Kinship Care payments cannot be denied, delayed, reduced or discontinued pending a determination of "good cause."

You will be notified immediately of the agency's "good cause" determination. If "good cause" is not found, you will have 10 days to withdraw the claim and cooperate, withdraw your application or request that your case be closed, exclude allowable individuals from the application or case, or request any allowable appeal.

If you are found to have "good cause" for not cooperating, the child support agency will be notified of the decision and directed to:

1. Take no further action to establish paternity, collect child support or pursue third parties who may be liable for medical support; or
2. Attempt to establish paternity, collect child support, or pursue third parties who may be liable for medical support without your cooperation, if this can be done without risk to you or the child.

If you do not sign this official claim for "good cause" in the presence of the agency worker, you must have your signature notarized. Deliver this notice to the agency in person or send it by registered or certified mail.

If your evidence is not sufficient, the Kinship Care agency will tell you what other evidence is needed. They will give you reasonable help in obtaining the necessary evidence.

I certify that my "good cause" claim is based on fact to the best of my knowledge.

I understand that giving false information will cause this claim to be denied. I have received a copy of this claim. I hereby claim "good cause" for the following reasons:

SIGNATURE - Relative Caregiver / Applicant	Date Signed
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Name - Child Welfare Agency

SIGNATURE - Agency Staff Person	Date Signed
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Form Distribution: Relative Caregiver / Applicant
Child Support Agency