

Kinship Care Documentation of Child's Residence

Use of this form: This form is to be completed by someone who knows that this child is living with you and will be used to show proof of a child's residence with a relative applying for Kinship Care. This could be the child's school attendance office personnel, the child's doctor, teacher, day care center or someone similar. It does not include friends, neighbors or relatives. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].
A separate form should be filled out for each child.

Instructions: The form is acceptable as proof of child's residence only if filled out and signed by an agent of the agency providing the address information. Schools, doctor's offices, day care providers, and others having knowledge of a child's residence, should provide the address listed for the child in their records.

Caretaker Applicant (print)

Name – Applicant (Last, First, MI)

Name – Applicant (Last, First, MI)

Address – Child (Street, City, State, Zip Code)

Person Providing Verification (print)

Name – Person Providing Verification

Name – Agency

Telephone Number

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SIGNATURE – Person Providing Verification

Date Signed

The Caretaker Applicant should include this form with the Application for Kinship Care, DCF-F-CFS2099), OR send this form to:

**Professional Services Group
1126 South 70th Street, Suite N200
West Allis, WI 53214**

(A signed copy of this form may also be scanned and emailed to kinship@psqcip.com)