

Adoption Assistance Forms Checklist / Routing Instructions Public Adoptions

Use of form: This form is required to submit an Adoption Assistance Application to the Department of Children and Families (DCF) Authorizing Authority to ensure all necessary forms are included for an approval of Adoption Assistance. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1m), Wisconsin Statutes.

Instructions: This form is required for both steps of the process to approve adoption assistance, and should be sent with the Initial Rate Setting Request and the Adoption Assistance Packet. Only the documents listed should be submitted with this checklist at the time adoption assistance is requested. Forms may be found at <https://dcf.wisconsin.gov/forms>.

DEMOGRAPHIC INFORMATION

Birth Name – Child (Last, First, MI)	Birthdate – Child (mm/dd/yyyy)	Adoptive Name—Child (Last, First, MI)
Child's eWiSACWIS ID:	Date of TPR Hearing (mm/dd/yyyy)	Anticipated Adoption Date (mm/dd/yyyy)
Adoptive Parent 1 (Last, First, MI)		Adoptive Parent 2 (Last, First, MI)
Name – Adoption Worker	Name – Adoption Supervisor	Public Adoption Region
Telephone Number – Adoption Worker		Email Address—Adoption Worker

1. INITIAL RATE DETERMINATION

The following documents must be sent to the Department Adoption Assistance Eligibility Coordinator (see contact information at the end of this form). The Eligibility Coordinator will approve or modify the rate determination and return to the adoption agency for signatures. The agency may then submit the documentation for the Adoption Assistance Packet.

Included	N/A	Document / Form Title / Number
<input type="checkbox"/>		Adoption Assistance Application and Decision (DCF-F-CFS0072): <i>Part 1 of this form must be completed.</i>
<input type="checkbox"/>		CANS Results 5–21 (DCF-F-2611-E) OR CANS Results 0–5 (DCF-F-2612-E): <i>Include exceptional rate justification and approval (if applicable). The worker completing the CANS must be CANS certified.</i>
<input type="checkbox"/>		Foster Care Uniform Rate Setting (DCF-F-CFS0834): <i>This must be completed following the Uniform Foster Care Rate Setting Policy. Agencies may submit a screenshot of this information from eWiSACWIS instead of the full form.</i>
<input type="checkbox"/>	<input type="checkbox"/>	At-Risk Letter or High Risk Determination: <i>This letter or form is only required if the child only meets Adoption Assistance Eligibility criteria because of a high risk of developing exceptional needs.</i>

2. ADOPTION ASSISTANCE PACKET

The following documents must be sent to the Department Adoption Assistance Eligibility Coordinator after completion of the initial rate setting. The Adoption Assistance Agreement must be approved and signed by the Department Adoption Assistance Eligibility Coordinator PRIOR to adoption finalization.

Included	N/A	Document / Form Title / Number
<input type="checkbox"/>		Adoption Assistance Application and Decision (DCF-F-CFS0072): <i>All Parts of this form must be completed.</i>
<input type="checkbox"/>		CANS Results 5–21(DCF-F-2611-E) OR CANS Results 0–5(DCF-F-2612-E): <i>Completed as described above.</i>
<input type="checkbox"/>		Foster Care Uniform Rate Setting (DCF-F-CFS834): <i>Completed as described above.</i>
<input type="checkbox"/>	<input type="checkbox"/>	At-Risk Letter or High Risk Determination: <i>Completed as described above.</i>
<input type="checkbox"/>		Adoption Assistance Agreement (DCF-F-CFS0074-E): <i>This must be signed by the adoptive parents and the adoption agency.</i>
<input type="checkbox"/>		Adoption Assistance Child, Family and Payment Summary Information (DCF-F-CFS0075-E): <i>This form must be completed and signed by the adoption agency.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Information form (DHS F-10115): <i>This form is only required if the adoptive parents are adding the child to their private health insurance plan.</i>

The documents listed in this checklist can be sent in the two steps to the Department of Children and Families Adoption Assistance Eligibility Coordinator by mail or email:

Mailing Address: 125 S Webster Street, P10, PO Box 8916, Madison, WI 53703

Email: AAEligibility@wisconsin.gov