

Kinship Relationship Verification

This document serves to verify the kinship relationship of the caregiver and child(ren) who have been placed in the caregiver's home. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name of Caregiver: _____

Nature of Relationship: _____

Name(s) of Child(ren): _____

"Relative" means a step-parent, brother, sister, step-brother, step-sister, half-brother, half-sister, brother-in-law, sister-in-law, first cousin, 2nd cousin, nephew, niece, uncle, aunt, step-uncle, step-aunt, or any person of a preceding generation as denoted by the prefix of grand, great, or great-great, whether by blood, marriage, or legal adoption, or the spouse of any person named in this subsection, even if the marriage is terminated by death or divorce. For purposes of the application of s. 48.028 and the federal Indian Child Welfare Act, 25 USC 1901 to 1963, "relative" includes an extended family member, as defined in s. 48.028 (2)(am), whether by blood, marriage, or adoption, including adoption under tribal law or custom Ch. 48.02(15). Relative as defined by DCF 58 Eligibility for the Kinship Care and Long-Term Kinship Care Program, Wisconsin Administrative Code DCF 58.03(18).

I attest that the information provided above is truthful and accurate to the best of my knowledge:

_____ Name – Parent's (PRINT)	_____ SIGNATURE – Parent's	_____ Date Signed
_____ Name – Relative Caregiver (PRINT)	_____ SIGNATURE – Relative Caregiver	_____ Date Signed
_____ Name – Agency Representative (PRINT)	_____ SIGNATURE – Agency Representative	_____ Date Signed

If the parent is unable to sign, have another relative sign below confirming the relationship between the caregiver and child(ren) as listed above.

_____ Name – Other Relative (PRINT)	_____ SIGNATURE – Other Relative	_____ Date Signed
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Routing – Send completed form to:

SaintA: Child Specific Resource Specialist

Children's Hospital of Wisconsin Community Services: Designated Intake Specialist

Filing: Scan to eWiSACWIS Provider tab