**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Group Home (DCF 57)**

**CY 2023**

**Contract Registration Information**

**Registration Information**

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

The checklist below identifies the information that must be completed and submitted as part of the registration process with the Division of Milwaukee Child Protective Services. A separate registration packet is required for each licensed facility.

**This document must be returned to Division of Milwaukee Child Protective Services by emailing it to** [**DCFDMCPSProvider@wisconsin.gov**](mailto:DCFDMCPSProvider@wisconsin.gov)**. Registration materials are due by September 15, 2022 for contracts to begin on January 1, 2023. Late submissions may impede your ability to receive a contract by January 1st.**

Upon review and approval of your registration materials, the Department of Children and Families (DCF) will issue a one-year contract that will be in effect from January through December of the following year. This contract will constitute an offer to do business with Division of Milwaukee Child Protective Services and will stipulate mutual rights and responsibilities. Acceptance of the offer to do business will, of course, be at the discretion of the provider.  **NOTE:** Although a contract may be granted, DMCPS does not guarantee placements within any placement. All placements are determined based on the specific needs of the child.

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| **Facility Licensing Information** | | | | | | |
| Name – Facility: | | | | | | |
| Licensing Capacity | | | Programming Offered for Specialized Populations | | | | |
| Sex of Children: | Male  Female | | Cognitive Disabilities  Autism  LGBTQIA+  Medically Needy  Teen Parenting  Other: | | Emotional/Behavioral Disorders  Alcohol/Drug Use/Abuse  Hx of Sexualized Behaviors  Victims of sexual assault (not HT)  Victims of human trafficking  Transition to Adulthood | | |
| Age Range of Children: |  | |
| Number of Children: |  | |
| Wraparound Contract: | Yes  No  TBD | Accreditation Status: | | Accredited (Organization):  In Process (Completion Date):  N/A (Describe): | | | |
| **Program Information Narrative** | | | | | |
| |  |  | | --- | --- | | 1. | From “Programming Offered for Specialized Populations” above, describe what services your program offers to youth and families enrolled in your programming, if applicable. The information provided will assist the Placement Referral Unit and the Contracted Case Management Agencies with sending appropriate placement referrals to your agency. | | 2. | Describe what general services your program offers to youth and families enrolled in your programming, and what each youth/family can expect to receive. | | 3. | Describe your staffing levels and child to staff ratios. Include details of your plan to add staff for emergency situations and to meet any special needs of the children, including your willingness to meet the special needs of any children. | | 4. | Describe any information you believe is important for Program Staff to know about your facility when sending placement referrals for youth. | | 5. | If your agency has been certified as a QRTP through DCF, please include a revised program description. | | | | | | |

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| **Facility Information**  Provide **complete** facility contact information as specified below. | | |
| Name – Facility | | |
| Address – (Street, City, State, Zip Code) | | |
| Mailing Address – (If different than above) | | |
| Telephone Number – Facility | Telephone Number for Placements | Telephone Number – Facility |
| Fax Number – Facility | Email Address – Facility | |
| Name – Facility Director | | Telephone Number – Facility |
| Name – Fiscal Contact | | Telephone Number – Fiscal Contact |
| FEIN Number | | UEI Number |
| **Corporate Information** (If different from facility information) | | |
| Name – Corporation | | |
| Address – Corporation (Street, City, State, Zip Code) | | |
| Telephone Number – Corporation | | |
| **Contract Information** | | |
| Name – Person with the authority to sign a DCF Contract | | |
| Telephone Number – Contract Authorized Person | | |
| Direct Email of Contract Authorized Person (Contracts are sent to the agency as a DocuSign document, so an email MUST belong to the signee.) | | |