**Group Home (DCF 57)**

**CY 2025**

**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 November 1, 2024, for contracts to begin on January 1, 2024. All incomplete registration forms will be returned if not completed in its entirety or if additional materials are requested. 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** | | | | | | | | |
| Facility Name | | | | | | | | |
| Corporation Name (if different from facility name) | | | | | | | | |
| Licensing Capacity | | Sex of Children  Male  Female | | | | Age Range of Children | | |
| Programming Offered for Specialized Populations | | | | | | | | |
| Alcohol/Drug Use/Abuse  Autism  Cognitive Disabilities  Emotional/Behavioral Disorders  Hx of Sexualized Behaviors  LGBTQIA+ | | | | Medically Needy  Teen Parenting  Transition to Adulthood  Victims of human trafficking  Victims of sexual assault (not HT)  Other: | | | | |
| Are you certified as a QRTP by Wisconsin DCF?  Yes – Date of certification  No  In Process | | | | | | | | |
| Does your facility have a certification or accreditation other than QRTP?  Yes If Yes, explain the certification or accreditation including the type, description, date received, date expiring (if any), and any other relevant information  No | | | | | | | | |
| **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. | Does your facility accept placement after-hours?  Yes  No  If yes, preferred method of contact:  Email  Phone | | | | | | | |
| 6. | If your agency has been certified as a QRTP through DCF, please include a revised program description. | | | | | | | |
| **Facility Information:** Provide **complete** facility contact information as specified below. | | | | | | | | | |
| Facility Name | | | | | | | | | |
| Facility Physical Address (Street, City, State, Zip Code) | | | | | | | | | |
| Facility Mailing Address (If different from above) | | | | | | | | | |
| Facility Telephone Number | | | Telephone Number for Placements | | | | Facility Fax Number | | |
| Facility Email Address | | | | | | | | | |
| Point of Contact Name | | | | | | | | Point of Contact Telephone Number | |
| Point of Contact Email | | | | | | | | | |
| Fiscal Contact Name | | | | | | | | Fiscal Contact Telephone Number | |
| Fiscal Contact Email | | | | | | | | | |
| FEIN Number | | | | | UEI Number | | | | |
| **Corporate Information** (If different from facility information) | | | | | | | | | |
| Corporation Name | | | | | | | | | |
| Corporation Physical Address (Street, City, State, Zip Code) | | | | | | | | | |
| Corporation Mailing Address (if different from above) | | | | | | | | | |
| Corporation Telephone Number | | | | | | | | | |
| **Contract Information** | | | | | | | | | |
| Name of Person with Authority to Sign a DCF Contract | | | | | | | | | |
| Telephone Number of Contract Authorized Person | | | | | | | | | |
| Direct Email of Contract Authorized Person (Contracts are sent to the agency as a DocuSign document, so email MUST belong to the signee.) | | | | | | | | | |