Children's Wisconsin

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NAME: _____

DATE: _____

REFFERED BY
(if applicable): _____

FACT SHEET INSTRUCTIONS

This is the foster care application fact sheet. It should be completed by families or individuals interested in becoming licensed for **GENERAL FOSTER CARE, TREATMENT FOSTER CARE** or **RESPITE FOSTER CARE.**

I am interested in: (check one)

☐ General Foster Care

☐ Treatment Foster Care

☐ Respite Foster Care

*IMPORTANT: This application is **NOT** for **General Foster Care/Adoption**. If you are interested in General Foster Care/Adoption, please call our office at 414-543-4376.

To turn in this application for **General Foster Care, Treatment Foster Care**, or **Respite Foster Care**, please scan and email this completed document to Laura Goba at LGoba@childrenswi.org or mail to:

Children's Wisconsin
Attn: Laura Goba
620 S. 76th St., Suite 120
Milwaukee, WI 53214

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Foster Care Fact Sheet

PLEASE ANSWER ALL QUESTIONS TRUTHFULLY AND COMPLETELY OR ENTER N/A IF THE QUESTION DOES NOT APPLY TO YOU. ANSWERS THAT ARE NOT TRUTHFUL ARE GROUNDS FOR DENIAL OF A FOSTER CARE LICENSE.

Section 1 – Applicant 1 Information

Name: _____
Last First Middle Maiden or Previous Married/Other Names

Primary Telephone # _____Work # _____ Cellular #_____

Email Address: _____ Race: _____ Languages Spoken _____

Address_____ City_____ County_____ State_____ Zip_____

Gender: _____ Birth date: _____ Birth place:_____

Social Security Number: _____Driver's License Number: _____ State: _____

Employment/Education- Applicant 1 (if more than one job, please attach list)

Current Employer: _____ Job Title: _____ Start Date: _____

Address: _____ Phone: _____ Supervisor: _____

Work Hours/Schedule: _____Were you ever in the military? _____

High School: _____ Last Grade Completed: _____

Did you receive a high school diploma?_____Year Graduated_____

Technical School/College/Post High School Ed: _____ Dates Attended: _____

Degrees/Licenses/Certifications Obtained: _____

List ALL previous home addresses (including out of city, county or out of state) where you have lived in the past five years:

Address	City	County	State	Zip	What Year?(i.e. 1900)

PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED

Applicant 2 Information

Name: _____
Last First Middle Maiden or Previous Married/Other Names

Primary Telephone # _____Work # _____ Cellular #_____

Email Address: _____ Race: _____ Languages Spoken _____

Address_____ City_____ County_____ State_____ Zip_____

Gender: _____ Birth date: _____ Birth place:_____

Social Security Number: _____Driver's License Number: _____ State: _____

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Employment/Education – Applicant 2 (If more than one job, please attach list)

Current Employer: _____ Job Title: _____ Start Date: _____

Address: _____ Phone: _____ Supervisor: _____

Work Hours/Schedule: _____Were you ever in the military? _____

High School: _____ Last Grade Completed: _____

Did you receive a high school diploma?_____Year Graduated_____

Technical School/College/Post High School Ed: _____ Dates Attended: _____

Degrees/Licenses/Certifications Obtained: _____

List ALL previous home addresses (including out of city, county or out of state) where you have lived in the past five years:

Address	City	County	State	Zip	What Year?(i.e. 1900)

PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED

Relationship Status

Relationship Status: (circle all that apply) Applicant 1 ◯ngle ◯marriedeparated ◯divorced

Applicant 2 ◯ngle ◯married ◯separated ◯divorced

Length of Current Relationship (if married, dating, or in domestic partnership): (1) _____ (2)_____

Date of Marriage (if applicable): _____

Household Composition

Do You: ◯Rent ◯Own **Type of Residence:** ◯Single-Family Home ◯Apartment ◯Duplex ◯Mobile Home

Do You Have Renter's/Homeowner's Insurance: ◯Yes ◯No **Do You Have Auto Insurance:** ◯Yes ◯No

VERIFICATION OF HOMEOWNER'S OR RENTER'S AND VEHICLE LIABILITY INSURANCE COVERAGE REQUIRED UNDER s. DCF 56.04(4).

Number of Bedrooms: _____ **Number of Bathrooms:** _____ **Firearms in Home:** ◯Yes ◯No

SMOKE DETECTORS ARE REQUIRED ON EACH LEVEL OF THE HOME, IN EACH BEDROOM, AND IN ALL STAIRWELLS PER s. DCF 56.08(7)(a).

CARBON MONOXIDE DETECTORS ARE REQUIRED ON EVERY FLOOR LEVEL, NEAR SLEEPING AREAS PER s. DCF 56.08(9m).

List Types of Pets in Home: _____-

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List all of your biological and adopted children living inside and outside of your home. List all others living in the home.

Name Last, First, MI	Gender	Age	D.O.B.	Social Security Number	Address (If living outside of the home)	Lives **IN** Home or **OUT** of Home

Health – Applicant 1 and 2

A recent physical examination will be required before being licensed

Finances

ALL FOSTER PARENTS MUST BE FINANCIALLY STABLE AND ABLE TO SUPPORT THEMSELVES AND THEIR FAMILIES WITHOUT RELYING ON KINSHIP, ADOPTION OR FOSTER CARE PAYMENTS. PLEASE LIST ALL OF YOUR MONTHLY INCOME AND HOUSEHOLD EXPENSES. VERIFICATIONS SUCH AS CHECK STUBS AND/OR TAX RETURNS AND CURRENT BILLS ARE REQUIRED.

Monthly Income

Applicant 1 Net Wages: _____

Applicant 2 Net Wages: _____

List income source and amount from any "additional" income below: (i.e., child support, pension/retirement, W-2, SSI, property rental, interest income)

Applicant 1
Source and Amount _____

Source and Amount _____

Applicant 2
Source and Amount _____

Source and Amount _____

Total Monthly Income
$_____

Monthly Expenses

Rent/Mortgage _____

Property Taxes _____

Utilities:
Gas/Electric _____

Telephone/Cell _____

Water/Sewer _____

Cable _____

Internet_____

Car Payment _____

Transp. Costs (gas) _____

Insurance

Home/Rental _____

Auto _____

Tuition/School Related_____

Child Care _____

Child Support (you pay out/not receive in)
_____

Medical (specify i.e. co-pay, prescriptions)
_____

Loans (specify type of loan/s)
_____

Food _____

Clothing _____

Basic Household Needs _____

Credit Cards _____

Other _____

Total Monthly Expenses
$_____

Do you have any outstanding debts, loans or liabilities that are not listed above in your monthly expenses?
◯ Yes ◯ No **If yes please list**_____

Have you ever filed for bankruptcy? ◯ Yes ◯ No If yes, when_____

Have you ever had an eviction or foreclosure? ◯ Yes ◯ No If yes, when_____

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Foster Care Questions

Why are you interested in becoming a foster family?

_____

_____

_____

_____

_____

We license families to foster children 0-18 years old. Please indicate if you have restriction on the age you can provide care for.

_____

_____

How did you hear about the need for foster homes? (check all that apply)

- ☐ Facebook - Ad
- ☐ Facebook - Post
- ☐ Facebook - Event
- ☐ Ad - Online
- ☐ Ad - TV
- ☐ Ad - Radio
- ☐ Google Search
- ☐ Newspaper – Ad
- ☐ Newspaper – Article
- ☐ Mail/Postcard
- ☐ CW – Website (childrenswi.org/fostercare)
- ☐ CW – NewsHub Blog
- ☐ CW – Brochure at Doctor's Office
- ☐ CW – Medical Staff referred me
- ☐ CW – Other employees referred me
- ☐ CW – I am a CW employee
- ☐ Word of Mouth – A current foster parent referred me (NAME: _____)
- ☐ Word of Mouth – Family
- ☐ Word of Mouth – Friend
- ☐ Experience – I am a former foster youth
- ☐ Experience – I am a former foster parent
- ☐ Experience – I am a current FP at diff. agency
- ☐ Community – Business/Church/School
- ☐ Community – Event or Expo
- ☐ Community – Presentation/Speaker
- ☐ Sign – Brochure/Flyer/Poster
- ☐ Sign – Yard/Road Sign
- ☐ Promotional item
- ☐ Coalition for Children, Youth, & Families
- ☐ My Employer (other than Children's Wisconsin)
- ☐ Other: _____

Additional Information

PLEASE BE AWARE THAT MARKING "YES" TO ANY OF THESE QUESTIONS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM BEING LICENSED. YOUR LICENSING SPECIALIST WILL DISCUSS THESE ITEMS WITH YOU DURING YOUR INITIAL MEETING. PLEASE LIST ANY ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER.

Have you or any members of your household ever applied for/been licensed as a foster parent before? ◯ Yes ◯ No

If yes, what year? _____ Under what name? _____ For which agency?_____

Was your foster home license ever revoked or denied? ◯ Yes ◯ No If yes, for what reason? (list below)

_____

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Have you or any members of your household ever been licensed or certified as any other type of caregiver for children before? ◯ Yes ◯ No

If yes, what year? _____ Under what name? _____ For which agency?_____

Was your caregiver license/certification ever revoked or denied? ◯ Yes ◯ No If yes, for what reason (list below)?

_____

Have you or any members of your household ever abused drugs or alcohol? ◯ Yes ◯ No

If yes, who? _____ When? _____ Received any treatment? _____ Where? _____

What is your current status? _____

Have you or any members of your household ever had any treatment for mental health issues? ◯ Yes ◯ No

If yes, who? _____ When? _____ Where? _____

What is your current status? _____

Have you or any members of your household ever had contact with a Social Worker (in or out of your home) for a child abuse or neglect investigation? ◯ Yes ◯ No

If yes, who?_____ For which child(ren)?_____

What year?_____ Briefly explain why?_____

_____

_____

Have you or any members of your household ever been arrested? ◯ Yes ◯ No
If yes, was the arrest charge: ◯ State or ◯ Federal

If yes, who?_____

Offense_____ Date of arrest _____ Convicted? ◯ Yes ◯ No

Are/Have you or any member of your household been on probation/parole? ◯ Yes ◯ No
If yes, ◯ State or ◯ Federal

If yes, who? _____ For what? _____

What is the name and phone number of your agent?_____

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REFERENCES

Please provide three non-relative references (*If applying for TFC or Respite, at least one must be a professional reference*) and two relative references (including at least one adult child- if applicable), who can speak on behalf of Applicant 1 and 2.

1. ***Non-Relative* 1:**

   Name: _____

   Relationship to applicant(s): _____

   Mailing address: _____
   Street City State Zip

   Email address: _____Phone: _____Length of time known: _____

2. ***Non-Relative* 2:**

   Name: _____

   Relationship to applicant(s): _____

   Mailing address: _____
   Street City State Zip

   Email address: _____Phone: _____Length of time known:_____

3. ***Non-Relative* 3:**

   Name: _____

   Relationship to applicant(s): _____

   Mailing address: _____
   Street City State Zip

   Email address: _____Phone: _____ Length of time known:_____

4. ***Relative:***

   Name: _____

   Role with applicant(s): _____

   Mailing address: _____
   Street City State Zip

   Email address: _____Phone: _____ Length of time known:_____

5. ***Relative**:*

   Name:_____

   Relationship to applicant(s): _____

   Mailing address: _____
   Street City State Zip

   Email address: _____Phone: _____ Length of time known: _____

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AUTHORIZATION AND CONSENT TO RELEASE RECORDS

I understand that, to ensure the safety of foster children, Children's Wisconsin will obtain the following information for the purpose of licensing:

1.	Police and/or Other Criminal Records Checks for all household members age ten and older	DCF 56.055(1)
2.	Traffic Transcripts	DCF 56.055(1)
3.	Employment Verification History and/or References	DCF 56.04(4)(7)
4.	Character References	DCF 56.13(4)(b),(5)(c)(6)(c)
5.	Insurance Verifications	DCF 56.05(3),(4),(5)
6.	Service Report from the County Department of Social or Human Services	DCF 56.055(2)(e)
7.	Previous licensing information from the Bureau of Milwaukee Child Welfare, any public or private child welfare agency, any public or private child placing agency, any daycare licensing or group home licensing agency, if applicable.	DCF 56.04(4)(8)

My signature below:

Grants Children's Wisconsin permission to obtain specified information for the purpose of Foster Home Licensing;

Signifies my understanding that falsifying any of the information on this form may be grounds for revocation of my Foster Home License, should a license be issued.

_____ _____

Signature of Applicant 1 Date

_____ _____

Signature of Applicant 2 Date

_____ _____ _____

Signature of Other Adult in Household Relationship to Applicant Date

_____ _____ _____

Signature of Other Adult in Household Relationship to Applicant Date

FOR USE ONLY IF APPLICANT CANNOT FILL OUT FORM

The foster home applicant is unable to fill out this form. I have reviewed all the items on the form with the applicant, and have marked the information as stated by the applicant. I have not altered anything.

_____ _____

Signature Date

Relationship to Applicant: _____

This consent expires in 2 years and I may revoke it in writing at any time. By signing this statement, I hereby release Children's Wisconsin, any law enforcement agency, child protective service agency or third party organization from liability of any kind regarding damages that may result from furnishing my records. I understand that the information released to the agency cannot be passed on to any other agency/individual without my authorization.

I authorize copies of this release form to be sent via fax/mail to the applicable agencies and for the background check results to be returned to the address or fax number listed above.

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QUESTIONS

1. How will you help support the reunification process between the foster child placed in your home and his/her family?

   _____

   _____

   _____

   _____

   _____

2. How will you ensure that a child placed with you, who is of a different race than you, will have his/her cultural needs met?

   _____

   _____

   _____

   _____

   _____

3. How will you prepare yourself and your family to cope when a child who you have been fostering is returned to their birth family?

   _____

   _____

   _____

   _____

   _____

4. What comfort level do you have in working directly with the foster child's birth parents or extended family?

   _____

   _____

   _____

   _____

   _____