



Kids deserve the best.

NAME: _____

DATE: _____

REFEREED 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 **NOT** the application 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**, you can 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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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/are you in the military? _____
High School: _____ 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 5 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: Applicant 1: single married separated divorced partnered widowed
(mark all that apply)
Applicant 2: single married separated divorced partnered widowed

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

Date of Marriage(s) (if applicable): _____

Date of Divorce(s) (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

YOU WILL BE ASKED FOR VERIFICATION OF HOMEOWNER'S OR RENTER'S INSURANCE AND VEHICLE LIABILITY INSURANCE DURING THE LICENSING PROCESS, PER DCF 56.04(2)(d).

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

DURING THE LICENSING PROCESS, YOU WILL BE ASKED TO INSTALL SMOKE DETECTORS ON EACH LEVEL OF THE HOME AND NEAR EACH SLEEPING AREA, PER s. DCF 56.072(1)

DURING THE LICENSING PROCESS, YOU WILL BE ASKED TO INSTALL CARBON MONOXIDE DETECTORS ON EVERY FLOOR LEVEL EXCEPT THE ATTIC, PER s. DCF 56.072(3)

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 during the licensing process.

Finances

The Wisconsin foster care code (DCF 56.05(4)) states: "A foster parent shall have the income and resources to make timely payments for shelter, food, utility costs, clothing and other household expenses without relying on the basic maintenance payments (stipends) received for care of a foster child." **Please estimate your current monthly income and monthly expenses below. During the licensing process, you will be asked to show receipts and paystubs, but you do not need to include these with your application.**

Monthly Income	Monthly Expenses	
Applicant 1 Net Wages: _____	Rent/Mortgage _____	Tuition/School Related _____
Applicant 2 Net Wages: _____	Property Taxes _____	Child Care _____
List income source and amount from any "additional" income below: (i.e., child support, pension/retirement, W-2, SSI, property rental, interest income)	Utilities: Gas/Electric _____	Child Support (you pay out/not receive in) _____
Applicant 1 Source and Amount _____	Telephone/Cell _____	Medical (specify i.e. co-pay, prescriptions) _____
Source and Amount _____	Water/Sewer _____	Loans (specify type of loan/s) _____
Applicant 2 Source and Amount _____	Cable _____	Food _____
Source and Amount _____	Internet _____	Clothing _____
	Car Payment _____	Basic Household Needs _____
	Transportation Costs (gas) : _____	Credit Cards _____
		Other _____
	Insurance	
	Home/Rental _____	
	Auto _____	
Total Monthly Income		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 _____

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)

- | | |
|---|--|
| <input type="checkbox"/> Facebook - Ad | <input type="checkbox"/> Word of Mouth – Family |
| <input type="checkbox"/> Ad - Online | <input type="checkbox"/> Word of Mouth – Friend |
| <input type="checkbox"/> Ad - TV | <input type="checkbox"/> Experience – I am a former foster youth |
| <input type="checkbox"/> Ad - Radio | <input type="checkbox"/> Experience – I am a former foster parent |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Experience – I am a current FP at a different agency |
| <input type="checkbox"/> Newspaper – Ad | <input type="checkbox"/> Community – Business/Church/School |
| <input type="checkbox"/> Newspaper – Article | <input type="checkbox"/> Community – Event or Expo |
| <input type="checkbox"/> Mail/Postcard | <input type="checkbox"/> Community – Presentation/Speaker |
| <input type="checkbox"/> CW – Website (childrenswi.org/fostercare) | <input type="checkbox"/> Sign – Brochure/Flyer/Poster |
| <input type="checkbox"/> CW – CW Blog “At Every Turn” | <input type="checkbox"/> Sign – Yard/Road Sign |
| <input type="checkbox"/> CW – Brochure at Doctor’s Office | <input type="checkbox"/> Promotional item |
| <input type="checkbox"/> CW – Medical Staff referred me | <input type="checkbox"/> Coalition for Children’, Youth & Families / Wisconsin Family Connections Center (WiFCC) |
| <input type="checkbox"/> CW – Other CW employees referred me | <input type="checkbox"/> My Employer (other than Children’s Wisconsin) |
| <input type="checkbox"/> CW – I am a CW employee | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Word of Mouth – A current foster parent referred me
(NAME: _____) | |

Additional Information

PLEASE KNOW 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 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? _____

REFERENCES

Please provide three non-relative references 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. Please include any additional references you would like us to reach out to below:



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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 according to DCF 56.055:

1. Criminal history records maintained by the Department of Justice for applicants and non-client residents ages 10 and older
2. Previous licensing information from the DMCPS (Department of Child Protective Services), any public or private child welfare agency, any public or private child placing agency, and any daycare licensing or group home licensing agency, if applicable.
3. CPS (Child Protective Services) Reports

Children's Wisconsin will also verify:

4. Employment Verification, per DCF 56.05 (4)
5. References, per DCF 56 (13)
6. Department of Transportation valid driver's license, per DCF 56.078 (1)

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 1 year 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.

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, culture, or religion than you, will have his/her 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?
