

APPLICATION FOR FOSTER CARE

The purpose of this application is to gather information needed to determine eligibility for a foster home license in accordance with the State of Wisconsin HFS 56 Administrative Code. All applicants are expected to provide truthful and sufficient information on this application to enable the licensing agency to verify whether or not they meet the requirements for a foster home license.

Giving false information or withholding information constitutes grounds for denial of license.

I. IDENTIFYING INFORMATION

Applicant 1 (Foster Mother or Single Foster Parent)

Last Name		First Name		Middle Name	
Maiden Name/Previous Names:		Date of Birth	Place of Birth	Gender	Race
Driver License No.	Social Security Number:	Highest Level of Education Achieved:	Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		
Home Address		City	State	Zip Code	
Home Phone	Cell Phone	Work Phone			
Occupation:	Hourly Rate/Yearly Income	Primary Income: <input type="checkbox"/> Earnings <input type="checkbox"/> Military <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Support Payments <input type="checkbox"/> Multiple Sources <input type="checkbox"/> SSI <input type="checkbox"/> Other Income			
Current Employer/Address					

Please list your job experiences in the past ten years. Start with your most recent employment.

PERIOD OF EMPLOYMENT		EMPLOYER/JOB TITLE	REASON FOR LEAVING
From	To		

Were you ever the resident of another state or country? No Yes - If yes, please list states or countries previously lived in, and dates of residency.

Were you ever in the military? No Yes - If yes, please list branch of service, date of enlistment and discharge.

Applicant 2- (Husband or Significant Other) (If you are a single person applying, please do not complete this section)

Last Name		First Name		Middle Name	
Maiden Name/Previous Names:		Date of Birth	Place of Birth	Gender	Race
Driver License No.	Social Security Number:	Highest Level of Education Achieved:	Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		
Cell Phone		Work Phone			

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Please list your job experiences in the past ten years. Start with your most recent employment.

PERIOD OF EMPLOYMENT		EMPLOYER/JOB TITLE	REASON FOR LEAVING
From	To		

Were you ever the resident of another state or country? No Yes - If yes, please list states or countries previously lived in, and dates of residency.

Were you ever in the military? No Yes - If yes, please list branch of service, date of enlistment and discharge.

Single/Both Applicants

Date of Current Marriage or Date Cohabitation Began:		Place of Marriage (City & State)		County
Former Marriages	Names of Former Spouses	Marriage Date & Place	Divorce Date & Place	Death Date & Place
Applicant 1				
Applicant 2				

Number of bedrooms: _____ Number of bathroom: _____ Number of Rooms in Home: _____

Directions to Home: _____

School District/School Names: _____

Have you or any member of your household ever applied for a foster care license before? No Yes - If yes, name of agency to which you applied: _____

Was the license issued? No Yes Please give approximate dates of licensure: _____

Did you or any member of your household ever have a foster care license revoked? No Yes - If yes, please give details. _____

Do you or any member of your household have a history of mental illness? No Yes - If yes, please explain: _____

Do you or any member of your household have a history of significant physical illness? No Yes – Please explain:

II. PARENT/CHILD RELATIONSHIPS

Minor Children of Applicant(s)

Full Name	Date of Birth	Gender	Relationship (indicate if adopted)	Live in Home	Do you financially support the child?	Address
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Adult Children of Applicant

Full Name	Date of Birth	Gender	Relationship (indicate if adopted)	Live in Home	Do you financially support the child?	Address
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III. CRIMINAL HISTORY

Applicants are expected to disclose all criminal and arrest history to determine eligibility. The licensing agency will conduct criminal, FBI and child Protective Services checks on all household members over the age of 10.

Not all criminal convictions ban applicants from a license, however an applicant is unqualified to hold a foster home license if the applicant, or any other person in the household, has been convicted of a crime, or is pending criminal charges that substantially relate to caring for children and/or operating a foster home. **Providing false or insufficient information regarding the applicants’ past or present criminal conviction, child abuse or neglect investigations or substantial governmental findings, constitutes grounds for denial of a foster home license.**

A. Have you ever been arrested for an offense other than a minor traffic infraction? If yes, please describe the circumstances and outcome of the arrest and year it occurred.

Applicant 1: Yes No

Applicant 2: Yes No

B. Have you ever been reported to Children’s Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment? If yes, please describe the circumstances and outcome of the incident and year it occurred.

Applicant 1: Yes No

Applicant 2: Yes No

C. Have you or any member of your family ever received any services from the Racine County Human Services Department and/or Social Service Department from any other County? This includes any minor children on court ordered juvenile supervision, child or juvenile protective services and/or any other human services. If yes, please explain.

Applicant 1: Yes No

Applicant 2: Yes No

IV. OTHER PERSON'S IN THE HOME

All household members will be required to complete a Background Disclosure form and the licensing agency will conduct a criminal background check.

Full Name (not husband or your children) other people only	Date of Birth	Relationship to Applicants

V. REFERENCES

Please list the names and addresses of six individuals unrelated to you, who have knowledge of your home environment, lifestyle and capability to be foster parent. All references will be contacted.

Name	Telephone No.	Mailing Address and zip code

VI. CHILD DESIRED

Children are separated from their parents for many reasons. These include: physical or sexual abuse; neglect or abandonment; physical, mental or substance abuse problems of a parent; death of a parent; or the child's emotional/behavior problems. Children who need foster care come from all backgrounds and are of every race, age and religion. Try not to be too limited when considering number, ages and gender of children you are willing to care for. A very restrictive license could result in no appropriate matches for your home. **Please do not apply if you are not willing to accept children of all races.**

A. How many beds and bedroom space do you have available for foster placements? _____

Foster children can share bedrooms with other children of the same gender; this includes your own children. Each child must be provided a separate bed, (except that 2 brothers or 2 sisters, under the age of 12, may share a double bed). Foster children 6 years of age or older do not share a bedroom with a child of the opposite sex.

B. Please indicate the age range you believe would be the best match for your home:

0-6 0-12 0-18 5-12 5-18 12-18 Other (give ages) _____

C. Please indicate what gender would be the best match for your home:

Boy Girl Both Siblings

D. Would you accept a sibling group? If so, how many?

Yes No How Many siblings would our home accommodate? _____

E. If you already have identified a child or children for placement, please provide the following information:

Full Name of Child	Date of Birth	County of Dependency	Name of Child's Worker	Telephone Number	Relationship to Child

F. Is the child or children already placed in your home? Yes No If Yes, How Long _____ Date Arrived: _____

VII SUPERVISION OF FOSTER CHILDREN

Please check yes or no to the following rules regarding the supervision of foster children. Violations of these rules are grounds for revocation of a foster home license.

	Yes	No
We will provide adult supervision for all children under 10 years of age at all times.	<input type="checkbox"/>	<input type="checkbox"/>
We will not allow a foster child to be left to care for another child.	<input type="checkbox"/>	<input type="checkbox"/>
We will ensure that foster children 10 years of age or older receive responsible supervision at all times.	<input type="checkbox"/>	<input type="checkbox"/>
We will not allow a foster child to operate any machinery or equipment that is beyond his or her knowledge or mental or physical capability.	<input type="checkbox"/>	<input type="checkbox"/>
We do not plan to have various people that have not been introduced to our foster children, visiting or spending the night at our home on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>
All occasional visitors, including family, friends and neighbors, are safe and do not pose a threat to foster children placed in our home.	<input type="checkbox"/>	<input type="checkbox"/>
We will contact the licensing worker prior to allowing an unlicensed individual to provide substitute care for our foster children. (Record checks will be conducted on all substitute care providers.)	<input type="checkbox"/>	<input type="checkbox"/>

Child Care Assistance for foster children

Foster children qualify for day care assistance if both of the foster parents, or in the case of a single foster parent, work outside the home. It is the foster parent’s responsibility to secure a licensed or certified day care provider for their foster child and to apply for the assistance at the Workforce Development Center, 1717 Taylor Avenue. You can only apply for the assistance once the child is actually placed in your home. Your licensing worker will give you more information on the child care assistance for foster parents at your home visit.

Applicants that provide daycare/childcare in their home:

According to the Wisconsin foster care rules, a foster home licensee may not combine the care of foster children with regular part-time care of other non-related children or adults or conduct business or provide services in the foster home without approval from the foster care licensing agency. Approval by the licensing agency will depend on evidence that the additional activities will not interfere with the quality or manner of care provided to foster children.

If you would like approval to operate a licensed or certified daycare in your home and a foster home, you must:

- Attach a copy of your daycare license/certification to this application.
- Contact your daycare worker for approval to combine childcare with foster care (there may be additional forms to fill out).
- Agree to abide by the following foster care rules:
 - I agree not to regularly care for more than 2 children under the age of 2 years old.
 - I agree not to have more than 8 children in my care at one time (this would include your own children, foster children and daycare children).
 - I agree to not use the bedroom or bed that has been reserved for foster placements for daycare children.
 - I agree not to provide childcare that may pose a threat to my foster children.

VIII. ENVIRONMENTAL SAFETY

The following is a list of safety issues and practices. Please check each issue and/or practice that applies to your home.

- All medications and alcohol are locked up or stored in a manner to prevent access by children.
- In our automobile(s) safety belts and approved infant and child seats and restraints are used in accordance with state law.
- Operational smoke detectors are used in all bedroom areas, head of each stairway, one on each level of the home and in areas that pose a fire risk.
- A charged general purpose fire extinguisher is on hand for emergency use.
- Cleaning supplies, pesticides and other toxic substances are not kept in food storage areas and are inaccessible to young children.
- All hot surfaces, such as wood stoves or fireplace inserts, have been made inaccessible to children with screening or other protective barriers.

- We have an adequate septic and sewage disposal system.
- Electrical outlets and sockets are covered or equipped with protective devices to prevent electrical shock.
- The temperature of the hot water heater is maintained between 105-120 degrees Fahrenheit.
- Our family has and all family members are familiar with a fire evacuation plan.
- Our pets are free of disease, up-to-date on rabies vaccinations and pose no physical or health risk to children.
- All guns and ammunition are locked up and guns are unloaded with the firing pins removed.
- The swimming pool/hot tub/spa has either a five-foot fence constructed so that it does not obscure the pool/hot tub/spa from view around it with a self-latching gate or an approved pool/hot tub/spa cover.
- All stairways have handrail and will be equipped with a safety gate for placement of children under 5.
- Our well has been certified free of impurities by the Health Department or a licensed water inspection company.
- We will post a fire evacuation plan in our home and review the plan with foster placements.
- We know how to operate a fire extinguisher and have a functioning extinguisher located in our kitchen near the oven.
- We have a vacant bed/crib(s) set up for future foster placements.
- The carpet in our home is affixed securely and does not pose a tripping hazard to children.
- No vicious or infected animals are kept in our home or elsewhere on the premises.
- We only transport foster children in an insured vehicle.
- Our home is free of broken, rundown, defective, inoperative or unsafe building parts, furnishings and equipment.

IX. FINANCIAL INFORMATION

A foster parent shall have a stable income sufficient to meet the foster family’s obligation without reliance on the basic maintenance payments received for the care of foster children placed in the foster home. Foster parents will receive a base rate for each child placed in their home that foster parents are expected to provide for the children: basic transportation, clothing, personal items, food, shelter, school supplies, foster child allowance, toys, books and other items as needed.

Age of Child	Basic Monthly Reimbursement Rate
0 – 4	\$366.00
5 – 11	\$400.00
12 – 14	\$455.00
15 – 18	\$475.00

Additional payments are added to the basic rate for children placed in treatment foster care and/or have a higher difficulty of care level. All children will receive a one time clothing allowance when initially placed in foster care. Foster children also receive a medical card. Young children qualify for WIC. School age children receive free lunch while in school.

Transportation

Racine County will only place children in foster homes that have stable transportation (a driver’s license and an insured car). Licensed foster parents are expected to transport their foster children to family visits, school (if applicable), medical and dental appointments, court, counseling appointments and other appointments as deemed necessary.

MONTHLY INCOME

Gross Wages

First Applicant. \$ _____
Second Applicant. \$ _____

Net Wages

First Applicant. \$ _____
Second Applicant. \$ _____

Other Income (interest, property, dividends, etc.). \$ _____

Total Gross Income \$ _____

Monthly Expenses

Housing \$ _____
Insurance. \$ _____
Food/Clothing. \$ _____
Legal Obligations (child support, Alimony, etc.) \$ _____
Extraordinary Expenses \$ _____

If you own your home, please indicate the following:

Purchase Price \$ _____ Balance Due \$ _____

If you are self-employed or an employer cannot verify your income for some other reason, please attach a copy of your last year's federal income tax return.

I/We filed both state and federal income tax returns last year.

Yes No If No, state reason _____

I/We have had to file for Bankruptcy.

Yes No If Yes, state reason _____

Please use this space to note any additional financial information that you believe the Department should be aware of.

I/We affirm that the information provided on this form is true and correct to the best of my/our knowledge.

In signing this application, I/we understand that the completion of routine forms will be required of my/our references, physician, and employer and that my/our financial and marital status will be verified and a criminal background check will be conducted.

Signature of Applicant 1	Date
Signature of Applicant 2	Date

PROTECTIVE SERVICES CHECK CONSENT FORM

By signing this form, you are giving the Racine County Human Services Department consent to check our records for the following information on **all** members of your household. This includes parental consent for any minor children in your home.

- Any allegations and/or investigations of abuse/neglect and the outcome.
- Any child/juvenile protective services involvement.
- Any misappropriation of client's funds.
- Any juvenile apprehensions and/or adjudications.
- Any services provided to you by the Racine County Human Services Department.
- Any past licensing/certification files and/or violations.
- Any other information regarding applicant's ability to provide care to children.

This information will be used only to screen eligibility for a foster home license. You may be asked to provide the Foster Care Program with additional information regarding any record that is found. All information gathered for this purpose will remain confidential. **Adults and children over 10 years of age must sign below or the application cannot be processed.** For applications submitted electronically, signatures will be acquired at the first home visit.

If you have questions about this application please email Racine County Foster Care at FosterCare@racinecounty.com or call us at 262-638-6356.

Completed applications should be emailed to FosterCare@racinecounty.com Printed applications should be mailed to: Racine County Human Services Department, Attention Foster Care, 1717 Taylor Ave., Racine, WI, 53403.

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____

All other household members (including children 10 and older)

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____