

Application for Respite Care

The purpose of this application is to gather information needed to determine eligibility for a foster home respite license in accordance with the State of Wisconsin DCF 56 Administrative Code. All applicants are expected to provide truthful and sufficient information on this application to enable the licensing agency to verify whether they meet the requirements to be certified as a respite care provider. **Giving false information or withholding information constitutes grounds for denial of license.**

APPLICANT INFORMATION			
Applicant No. 1 Full Name:			
Maiden Name/Previous Names:			Phone Number:
Address:		DOB:	Social Security Number:
Marital Status: Divorced Married Legally Separated Never Married Widowed	Email Address: Cell Phone: Language(s):		
Applicant No. 2 Full Name:			
Maiden Name/Previous Names:			Phone Number:
Address:		DOB:	Social Security Number:
Marital Status: Divorced Married Legally Separated Never Married Widowed	Email Address: Cell Phone: Language(s):		

Respite Preferences:

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

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

Boy Girl Either Siblings

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

(Please note that foster children can only share bedrooms with other children of the same gender. Older children may sleep on air mattresses, couches, or other temporary sleeping arrangements during short-term respite needs.)

MINOR SONS AND DAUGHTERS OF APPLICANT(S)

Name	DOB	M/F	Living Situation	Location	School
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		

ADULT SONS AND DAUGHTERS OF APPLICANT(S)

Name	DOB	M/F	Living Situation	Location	Financially Support?
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHERS RESIDING/FREQUENTLY IN THE HOME

Name	DOB	M/F	Living Situation	Location	Financially Support?
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 10 years of age and older must sign below or the application cannot be processed.** Thank you.

Applicant 1: _____

Date: _____

Applicant 2: _____

Date: _____

Other household members (10+): _____

Date: _____

_____ Date: _____

_____ Date: _____