

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 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 for a foster home license.

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

1. IDENTIFYING INFORMATION

Applicant 1

Last Name		First Name		Middle Name	
Maiden Name/Previous names:		Date of Birth:	Place of Birth:	Gender:	Race:
Driver's License Number:	Social Security Number:	Highest Level of Education:	Marital Status		
Home Address:		City:	State:	Zip Code:	
Home Phone:		Cell Phone:	Work Phone:		
Email Address:					
Primary Income: <input type="checkbox"/> Earnings		<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Support Payments	<input type="checkbox"/> SSI	
<input type="checkbox"/> Military		<input type="checkbox"/> Social Security	<input type="checkbox"/> Multiple Sources	<input type="checkbox"/> Other Income	
Occupation:			Hourly Rate/Yearly 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		

PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

Were you ever the resident of another state or country? No Yes – If yes, please list the states along with the counties, 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 (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's License Number:	Social Security Number:	Highest Level of Education:	Marital Status
Home Address:		City:	State: Zip Code:
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Primary Income: <input type="checkbox"/> Earnings <input type="checkbox"/> Public Assistance <input type="checkbox"/> Support Payments <input type="checkbox"/> SSI <input type="checkbox"/> Military <input type="checkbox"/> Social Security <input type="checkbox"/> Multiple Sources <input type="checkbox"/> Other Income			
Occupation:		Hourly Rate/Yearly 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		

PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

Were you ever the resident of another state or country? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please list the states along with the county, or countries previously lived in, and dates of residency.
Were you ever in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please list branch of service, date of enlistment and discharge.

2. Relationship Status

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

PLEASE LIST ADDITIONAL PREVIOUS MARRIAGES, INCLUDING ABOVE INFORMATION, ON AN ADDITIONAL SHEET.

3. HOUSEHOLD COMPOSITION

Do You:	Footage of your home: _____
VERIFICATION OF RENTER'S/HOMEOWNER'S AND VEHICLE LIABILITY INSURANCE COVERAGE IS REQUIRED UNDER s. DCF 56.04(4) Number of Bedrooms: _____ Number of Bathrooms: _____ Number of Rooms in Home: _____	

Number of: Dogs _____ Cats _____ Birds _____ Other (Please Specify) _____
 Directions to Home: _____
 School District/School Names: _____

4. 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	

PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

Adult 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	

PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

5. CONFIDENTIAL INFORMATION

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 – If 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.

Have you or any member of your household ever applied for a childcare certificate/ daycare license before? No Yes – If yes, name of agency to which you applied: _____

Was the certificate/license issued? No Yes – If yes, please give approximate dates of licensure: _____

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 – If yes, please explain:

6. 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 10 or older.

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 arrest 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

7. OTHER PERSON'S IN THE HOME

All household members, 10 years or older, will be required to complete a Background Disclosure Form and the licensing agency will conduct a criminal background check.

Full name of other people only	Date of Birth	Relationship to Applicant(s)

8. REFERENCES

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

Relationship	Name	Telephone Number	Email Address	Mailing Address and Zip Code
Non-Relative #1				
Non-Relative #2				
Non-Relative #3				
Non-Relative #4				
Relative #1				
Relative #2				

9. 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 do you have available for foster placements? _____
 Foster children can share bedrooms with other children of the same gender; this includes you 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 cannot share a bedroom with a child of the opposite sex.
- B. Please indicate the age range you believe would be the best match for you 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?
 Yes No If yes, how many siblings would your 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 | Relationship to Child | County of Dependency | Name of Child's Worker | Telephone Number |
|--------------------|---------------|-----------------------|----------------------|------------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
- F. Is the child or children already placed in your home? Yes No If Yes, how long _____ Date Arrived: _____

10. 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 ensure that foster children 10 years of age or older receive supervision 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 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 out-of-home care.	<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 can qualify for child care assistance if both of the foster parents, or in the case of a single foster parent, work outside the home. The foster parent will fill out an application for the Wisconsin Shares Child Care Subsidy Program during the licensing process. The application will be submitted as soon as a child is placed in your care. Your licensing worker will give you more information on the Wisconsin Shares Child Care Subsidy Program during the licensing process.

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 childcare in your home and a foster home, you must:

- Attach a copy of your childcare license/certification to this application.
- Contact your childcare 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 childcare 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.

11. 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.
- We only transport foster children in an insured vehicle using safety belts and approved infant and child seats and restraints 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 located in or near the kitchen and we know how to operate it.
- 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.
- No vicious or infected animals are kept in our home or elsewhere on the premises. 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 5-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 handrails 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 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.
- Our home is free of broken, rundown, defective, inoperative or unsafe building parts, furnishings and equipment.

12. 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	2022 Basic Monthly Reimbursement Rate
0 - 4	\$420.00
5 - 11	\$460.00
12 - 14	\$522.00
15 - 18	\$545.00

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

Public Assistance (W2, SSI, Foodshare, etc.) \$ _____
 (Interest, Property, Dividends, etc.) \$ _____

Total Gross Income \$ _____

Monthly Expenses

Rent/Mortgage..... \$ _____
 Heat/Electricity..... \$ _____
 Water..... \$ _____
 Cable..... \$ _____
 Groceries and other household items..... \$ _____
 Recreation/Entertainment..... \$ _____
 Transportation (i.e. gas, bus fare, etc.) \$ _____
 Installment Purchases (i.e. credit cards, care notes, etc.) \$ _____
 Clothing..... \$ _____
 Insurance Premiums (auto, home/renters, life, etc.) \$ _____
 Medical/Dental expenses. \$ _____
 Education expenses (i.e. school loans). \$ _____
 Other Expenses..... \$ _____

Total Gross Income \$ _____

If you own your home, please indicate the following:

Purchase Price: _____ Balance Due: _____

Please attach the last 3 pay stubs from your employer. If you are self-employed or an employer cannot verify your income for some other reason, please attach a copy of your last two years’ 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 and date(s): _____

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

13.AUTHORIZATION AND CONSENT

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

Applicant 1: _____

Date: _____

Applicant 2: _____

Date: _____

All other household members (including children 10 and older)

Date: _____

QUESTIONS: Responses to all questions required.

1. Please explain why you are interested in becoming a foster family.

2. How did you hear about foster care?

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

4. 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?

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

6. What is your comfort level for working directly with the foster child's birth parents or extended family?

BACKGROUND INFORMATION DISCLOSURE (BID)

This form is required under the provisions of Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03. Pursuant to Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03, this form must be completed prior to licensure, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license; or denial or termination of your employment or contract.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

Check the box that applies to you.

- | | |
|---|---|
| <input type="checkbox"/> Current or Prospective Employee / Contractor
<input type="checkbox"/> Applicant for a license (including continuation or renewal) | <input type="checkbox"/> Non-Client Resident (10 years of age and older)
<input type="checkbox"/> Other – Specify: |
|---|---|

Name – (First and Middle)	Name – (Last)	Position Title (If applicable)		
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White		Social Security Number(s)		
Home Address		City	State	Zip Code

Name and address of Potential Employer or Licensing Agency.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever adjudicated delinquent by a court of law, including tribal court, before your 18 th birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each crime or offense, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)? ➤ If Yes , provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry?</p> <p>➤ If Yes, explain, including the location, reason for registration and length of time required to be registered.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency?</p> <p>➤ If Yes, explain and provide the name of the agency conducting the investigation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child?</p> <p>➤ If Yes, explain, including when and where it happened and the name of the agency that made the finding.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?</p> <p>➤ If Yes, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?</p> <p>➤ If Yes, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component?</p> <p>➤ If yes, indicate the year of discharge: _____</p> <p>➤ Attach a copy of your DD214 if you were discharged within the last 3 years.</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
4. Have you resided outside of Wisconsin in the last 5 years? ➤ If Yes , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board or tribe? ➤ If Yes , list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

SIGNATURE	Date Signed
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Racine County Human Services

1717 Taylor Avenue
Racine, WI 53403

262-638-6353

fax: 262-638-6369

racinecounty.com/government/human-services

AUTHORIZATION AND CONSENT TO RELEASE RECORDS

I understand to ensure the safety of respite/foster children, the Racine County Human Services Department, may obtain the following information for the purpose of background checks/licensing:

- a. Police and/or Other Criminal Records Checks HFS 56.04(4)10
- b. Traffic Transcripts HFS 56.04(4)10
- c. Previous Licensure Held HFS 56.04(4)8
- d. Employment Verification References HFS 56.04(4)7
- e. Character References HFS 56.03(4)10
- f. Fire Safety HFS 56.04(4)5
- g. Insurance Verifications HFS 56.04(4)2
- h. Health Examination HFS 56.04(4)3
- i. Respite Care Provider Qualifications HFS 56.06(8)
- j. Service Reports from any county Department of Human Services of where you have lived

My signature below:

1. Grants the Racine County Human Services Department permission to obtain specified information.

2. Signifies my understanding falsifying any of the information on this form may be grounds for revocation of my Foster Home License/Kinship Certification/Respite Certification

This authorization may be revoked, by myself, at any time, and will expire in six (6) months from the date printed on the form.

Signature of Applicant #1

Date

Signature of Applicant #2

Date

Signature of Other Adult in Household

Date

Signature of Other Adult in Household

Date

Please return signed consent, and/or records to:

Racine County Human Services Department
Foster Care/Kinship Care Unit
1717 Taylor Ave
Racine, WI 53403