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 and/or RESPITE FOSTER CARE.

I am interested in: (check one)

☐ General Foster Care

☐ Treatment Foster Care

☐ Respite Foster Care
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: ____________________ Social Security Number: ____________________

Driver’s License Number: ____________________ State: ________________

### Employment/Education- Applicant 1

Current Employer: ____________________ Job Title: ____________________ Start Date: ________________

Address: ____________________ Phone: ____________________ Supervisor: ____________________

Work Hours/Schedule: ________________________

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:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
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<th>What Year?(i.e. 1900)</th>
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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: ____________________ Social Security Number: ____________________

Driver’s License Number: ____________________ State: ________________
**Employment/Education – Applicant 2**

Current Employer: __________________________  Job Title: __________________________  Start Date: ________________

Address: __________________________ Phone: ________________  Supervisor: __________________________

Work Hours/Schedule: __________________________

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: __________________________

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**Relationship Status**

Relationship Status __________________________

Current Length of Relationship (if married or in domestic partnership): __________________________

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 Pets in Home: ________________________________________________

**Health – Applicant 1 and 2**

*A recent physical examination will be required before being licensed*
List all of your biological and adopted children living inside and outside of your home. List all others living in the home.

<table>
<thead>
<tr>
<th>Name Last, First, MI</th>
<th>Gender</th>
<th>Age</th>
<th>D.O.B.</th>
<th>Social Security Number</th>
<th>Address (If living outside of the home)</th>
<th>Lives IN Home or OUT of Home</th>
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**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 ____________________
- Applicant 2 Source and Amount ____________________

**Monthly Expenses**

- Rent/Mortgage ____________________
- Property Taxes ____________________
- Utilities: Gas/Electric ____________________
- Telephone/Cell ____________________
- Water/Sewer ____________________
- Cable ____________________
- Internet ____________________
- Car Payment ____________________
- Transportation Costs ____________________
- 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 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?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

What is the age range of children would you consider fostering?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

How did you hear about the need for foster homes?

☐ CHW Website
☐ Kid Hero Blog
☐ Community Event
☐ Community Sign
☐ CHW Employee
☐ Facebook
☐ Family and Friends
☐ Google Search
☐ Online Ad
☐ Social Ad
☐ Radio
☐ TV
☐ Newspaper
☐ Foster Parent Referral: ___________________
☐ 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)
_____________________________________________________________________________________________________________

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 currently 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? ____________________________________________
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: _______
AUTHORIZATION AND CONSENT TO RELEASE RECORDS

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

1. Police and/or Other Criminal Records Checks  
   DCF 56.05(1)(f)(2)(a)
2. Traffic Transcripts  
   DCF 56.05(1)(f)(2)(a)
3. Employment Verification References  
   DCF 56.05(2)
4. Character References  
   DCF 56.13(4)(b),(5)(c),(6)(c)
5. Insurance Verifications  
   DCF 56.04(4)(a)(2)
6. Service Report from the County Department of Social or Human Services  
   DCF 56.05((1)(f)(2)(c)
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.

My signature below:

Grants Children’s Hospital of Wisconsin Community Services 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 __________

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 CSSW, 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.
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?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________