

Washburn County
Health and Human Services Department

P.O. Box 250, 304 2nd Street Shell Lake, WI 54871

Washburn County Application for Foster Care Licensing

Date: _____

Applicants:

Applicant 1: _____

Last Name First Name Middle

Applicant 2: _____

Last Name First Name Middle

General Home Information:

Street: _____ P.O. Box: _____

City: _____, State: **WI** Zip: _____

Directions for reaching your home: _____

How long have you lived at this address? _____

Present School District: _____

Do you rent or own Rent Own

Foster Care Interest:

How did you learn about Foster Care (ad, billboard, know a foster parent, etc.)? _____

Why do you want to do Foster Care? _____

Why did you decide to apply at this time? _____

Applicant 1

Name (First, M, Last)	Date of Birth	Social Security Number	Birthplace
Current Address	School District:		
Cell Phone	Home Phone	Email	Language
Marital/Partnership Information <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married Date: _____ Location: _____	Religion	Gender	Ethnicity

Military Service No Yes *If yes complete the following:*

Branch	Date of Enlistment	Date of Discharge	Type of Discharge
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Education Level(highest grade completed):**General Health**-describe your current health and any conditions you receive or have received treatment for:

Currently prescribed medications and reason for use:

Foster Care Licensing History: No Yes Have you ever applied or been granted a foster care or other child care license?**Current Employment Status:** Employed Unemployed Not in labor force (retired, disabled, stay at home parent, etc.)

If Working:

Working Hours/Days per week	Health Insurance Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment History (last beginning with current/most current 10 years):

Employer	Position	Employment Dates	Reason for Leaving
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Previous Addresses (last 5 years-including out of state or country)

Address-Street	City	State	Zip Code
Address-Street	City	State	Zip Code
Address-Street	City	State	Zip Code

Past Marriage(s) /Partnership Relationship(s)

Name of past spouse/partner	Date Begun	Date Ended	Reason ended (annulment, death, divorce)

Applicant 2

Name (First, M, Last)	Date of Birth	Social Security Number	Birthplace
Current Address	School District:		
Cell Phone	Home Phone	Email	Language
Marital/Partnership Information <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married Date: _____ Location: _____	Religion	Gender	Ethnicity

Military Service No Yes *If yes complete the following:*

Branch	Date of Enlistment	Date of Discharge	Type of Discharge
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Education Level(highest grade completed):**General Health**-describe your current health and any conditions you receive or have received treatment for:

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Working Hours/Days per week	Health Insurance Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address-Street	City	State	Zip Code
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Past Marriage(s) /Partnership Relationship(s)			
Name of past spouse/partner	Date Begun	Date Ended	Reason ended (annulment, death, divorce)

Household Members (all adults and children residing in your home)

Name(Last, First, MI)	Social Security Number	Date of Birth
Relationship to Caregiver	WI Resident <input type="checkbox"/> No <input type="checkbox"/> Yes	School Grade or Occupation
Health Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	How Long _____	

Name(Last, First, MI)	Social Security Number	Date of Birth
Relationship to Caregiver	WI Resident <input type="checkbox"/> No <input type="checkbox"/> Yes	School Grade or Occupation
Health Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	How Long _____	

Name(Last, First, MI)	Social Security Number	Date of Birth
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Name(Last, First, MI)	Social Security Number	Date of Birth
Relationship to Caregiver	WI Resident <input type="checkbox"/> No <input type="checkbox"/> Yes	School Grade or Occupation
Health Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	How Long _____	

Financial

Monthly Income

Household Member	Gross Income (monthly)	Unearned Income (monthly) (disability, veterans benefits child support public assistance, social security, other)	Other Income

Assets

Asset Type	Amount
Home Value	
Savings Account	
Stocks /Bonds	
Other (specify)	
Other (Specify)	

Monthly Expenses

Type	Amount
Rent/Mortgage	
Heat and other Utilities	
Groceries	
Transportation	
Installment Purchases	
Cell Phone/Home Phone	
Savings	
Clothing	
Recreation/Entertainment	
Medical/Dental	
Insurance Premiums (health/vehicle /renter or homeowner)	
Household expenses	
Charitable Contributions	
Educational Expenses	
Other(please note):	
Other(please note):	
Other(please note):	
Other(please note):	

Physical Environment and Safety

Type of Home

House One story Two Story Split Level

Apartment/Duplex/Condominium First Floor Second Floor Two Story

Farm No Yes

Age of Home:

Square Footage:

Type of Plumbing/Septic

Type of Electric

Type of Heating/Air Conditioning

Other Heating Sources Fireplaces Wood Stoves

Water Well City/Village

Number of Bathrooms: Full _____ Half _____

Bedrooms (number and locations) # in Basement _____ # on First Floor _____ # on Second Floor _____

Basement No Yes **Type:** Finished Unfinished Partially Finished

Exits: Walk -Out Stairs Egress

Pool, Spa, Hot Tub or Sauna on the property No Yes

If yes, type: pool above ground _____ feet pool above ground _____ feet Spa Hot Tub Sauna

Where is it located: _____

Fenced in No Yes Covered No Yes

Wheelchair accessible: No Yes

Any special adaptations (i.e. ramps, handrails, roll-in shower, etc.): No Yes

Describe:

Fire Arms: Firearms kept on property: No Yes-please answer the following:

Type(s): _____

Storage: locked gun safe locked gun cabinet (wood front) Wall mount locked gun cabinet (glass front) unlocked area

Safety precautions : trigger locks ammunition stored elsewhere trigger mechanism removed

Is someone in the home required to have loaded firearm available? No Yes: Who _____

Are there currently any repairs needed to the home?

Does anyone in the home smoke: No Yes-where _____

Family Vehicles:

Year	Make	Model	Insurance Coverage/Type (full/liability)

Household members who may transport foster children:

Name	Driver's License Number and State

Household Rules and Expectations

Household Rules (what are they):

Who's is responsible for the following in your home:

Job	Who typically does it
Chores	
Cooking	
Bill paying	
Pet care	
Cleaning	
Home Maintenance	
Transportation	
Other (please explain)	

Household Routines/Activities

Household Routines/Activities

Name of Activity	What is it and who participates (Hobbies, Sports, Organizations, Religion, Etc.)

Holidays/Celebrations

Name of Holiday/Celebration	How and where do you typically celebrate or commemorate these events? (Birthdays, Religious Holidays, National Holidays, Family Events, Etc.)

Family Relationships**Applicant -1****Parents:**

First and Last Name	Current Age	Where do they reside	Are they a support for you

Siblings:

Relationship	First and Last Name	Current Age	Where do they reside	Are they a support for you

Applicant 2

Parents:

First and Last Name	Current Age	Where do they reside	Are they a support for you

Siblings:

Relationship	First and Last Name	Current Age	Where do they reside	Are they a support for you

Foster Care -Reference Check

List 5 people who know you well (one may be a relative) that we may contact regarding your interest in becoming foster parents. Please let these individuals know they can expect a call from our agency.

Name	Complete Address	Phone Number	Relationship

Adult Children-List all adult children with current addresses and phone numbers.

Name	Complete Address	Phone Number	Relationship

Acknowledgment of receipt and Disclosures

We/I desire to complete the licensing process to become a licensed foster home for Washburn County Health and Human Services Department. We/I are free to withdraw from this process at any time. Provision of a Foster Care license does not automatically indicate children will be placed with me/us.

We/I have received the Uniform Foster Care Rate Brochure and The Foster/Treatment Foster and Family-Operated Group Home Insurance Program Brochure.

We/I am aware that Washburn County Health and Human Services Department will conduct a background review to determine if we/I have any criminal history that would prohibit my providing foster care. We/I, am aware that the purpose of these reviews is for Washburn County to investigate appropriateness of licensing my home to provide Foster Care. These checks and investigation are required for Licensure under the WI Administrative Codes DHS 12, 50.065 and DHS 50.065. As well as the federal Adam Walsh Child Protection and Safety Act of 2006. All household individuals 10 years of age and older are subject to these checks. FBI fingerprint collection and checks are required only for those cited on a Wisconsin Foster Home License. I hereby release Washburn County from all legal responsibility or liability that may arise from these checks/inquiries. I consent to communication, written or verbal between the agencies/people through the licensing investigation. As evidence by my/our below signature. We/I, hereby authorize disclosure of any and all records and information to Washburn County Health and Human Services Department.

The communication will occur but is not limited to the following agencies/people:

<ul style="list-style-type: none"> • City, county and/or County Law enforcement agencies 	<ul style="list-style-type: none"> • Wisconsin Department of Justice
<ul style="list-style-type: none"> • Wisconsin and other state caregiver registries 	<ul style="list-style-type: none"> • Wisconsin and other states Sex Offender Registries
<ul style="list-style-type: none"> • Wisconsin and other state Child Abuse and Neglect Agencies (county, state and/or private) 	<ul style="list-style-type: none"> • Washburn County Health and Human Services
<ul style="list-style-type: none"> • Wisconsin and other state Department of Corrections 	<ul style="list-style-type: none"> • Federal Bureau of Investigation (FBI)
<ul style="list-style-type: none"> • Character References including former significant others 	<ul style="list-style-type: none"> • Professional References
<ul style="list-style-type: none"> • Relatives and former relatives 	<ul style="list-style-type: none"> • Community Members/Neighbors

Our/My signatures below indicate receipt of the following items and understanding of all noted disclosures.

Signature-Applicant 1

Date

Signature-Applicant 2

Date