

KINSHIP CARE PAYMENT APPLICATION

Use of form: Use of this form is voluntary; however its completion meets the requirements of s.48.57(3m) of the Wisconsin Statutes. Personally identifiable information collected on this form is confidential and will be used for identification and determination of eligibility for a payment only.

I. RELATIVE CAREGIVER

Name - Relative Caregiver (Last, First, MI)		Is Relative Caregiver a Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" for how long?		
Name - Relative Caregiver (Last, First, MI)		Is Relative Caregiver a Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" for how long?		
Address - Street	City	State	Zip Code	Telephone Number - Home

II. PRIMARY RELATIVE CAREGIVER

Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Hispanic or Latino / Latina <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnicity (Check at least one box and may check up to three boxes)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other |

Household Type

- | | |
|---|---|
| <input type="checkbox"/> Single female | <input type="checkbox"/> Single male with unrelated partner |
| <input type="checkbox"/> Single female with unrelated partner | <input type="checkbox"/> Married couple |
| <input type="checkbox"/> Single male | <input type="checkbox"/> Other |

Marital Status

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Single - never married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married - living together | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married - but separated | |

Educational Level

- _____ _____ Enter one of the following two digit codes.
- | | |
|----------|--|
| 01 to 11 | Grade level completed in primary / secondary school. Enter last grade completed. |
| 12 | High school diploma, GED or National External Diploma Program |
| 13 | Awarded Associate's Degree |
| 14 | Awarded Bachelor's Degree |
| 15 | Awarded Graduate Degree (Master's or higher) |
| 16 | Other credentials (degree, certificate, diploma, etc.) |
| 98 | No formal education |

Employment Status

- Employed
 Unemployed
 Not in labor force (unemployed / not looking for work, retired, disabled, etc.)

III. MINOR RELATIVE

Name - Minor Relative (Last, First, MI)	Social Security Number
Relationship to Caregiver	Date - Began Living with Relative Caregiver
Name - Minor Relative (Last, First, MI)	Social Security Number
Relationship to Caregiver	Date - Began Living with Relative Caregiver

IV. PARENT OF MINOR RELATIVE

Name - Parent of Minor Relative		Telephone Number - Home	
Address - Street	City	State	Zip Code
Name - Parent of Minor Relative		Telephone Number - Home	
Address - Street	City	State	Zip Code

V. OTHER ADULT MEMBERS IN THE HOUSEHOLD

1. Name (Last, First, MI)	Relationship to Relative Caregiver
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?	
2. Name (Last, First, MI)	Relationship to Relative Caregiver
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?	
3. Name (Last, First, MI)	Relationship to Relative Caregiver
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?	
4. Name (Last, First, MI)	Relationship to Relative Caregiver
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?	
5. Name (Last, First, MI)	Relationship to Relative Caregiver
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?	

VI. EMPLOYEES OF CAREGIVER RELATIVE WHO WOULD HAVE REGULAR CONTACT WITH CHILD

1. Name (Last, First, MI)	Telephone Number		
Address - Street	City	State	Zip Code
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?			
2. Name (Last, First, MI)	Telephone Number		
Address - Street	City	State	Zip Code
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?			
3. Name (Last, First, MI)	Telephone Number		
Address - Street	City	State	Zip Code
Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?			

VII. CONFIRMATION

I, the undersigned Relative Caregiver, attest to the following:

- Neither I, any other adult resident of this household nor any employee who would have regular contact with the minor relative identified above, have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
- I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
- I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves our home.
- I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
- I will cooperate with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.

SIGNATURE - Relative Caregiver	Date Signed
SIGNATURE - Relative Caregiver	Date Signed
