

Kinship Care Additional Child Form

I. CHILD IN PROVIDER'S CARE REQUESTING KINSHIP CARE

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|--|---|--|
| Name – Child (Last, First, MI) | Birthdate | Social Security Number or date applied |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive social security income (SSI) on his or her own behalf? If “Yes”, he or she is ineligible for Kinship Care payment. | | Last Grade Completed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No U.S Citizen | If the child is not a U.S. citizen, describe status: | Name of School |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have guardianship of this child? | Type of Guardianship <input type="checkbox"/> s. 48.977 Wis. Stats. <input type="checkbox"/> s. 48.9795 Wis. Stats (includes Ch. 54) <input type="checkbox"/> Other, please describe: | |

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 |

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| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have health insurance? Relationship to caregiver | If yes, type: <input type="checkbox"/> Badgercare+ <input type="checkbox"/> Private Health Insurance Date began living with caregiver |
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Describe why the child cannot live with their parent(s):

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|--|------------------------|-----------|-------------------------|
| Name – Parent 1 of Minor Relative | Social Security Number | Birthdate | Telephone Number – Home |
| Address – Street | City | State | Zip Code |

| | |
|---|---|
| Ethnic / Racial Group (Check one) <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic (Mexican, Puerto Rican or other Spanish culture) <input type="checkbox"/> Asian or Pacific Islander (includes Indian Subcontinent origin) | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> Divorced |
|---|---|

| | |
|---|-----------------|
| Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name – Employer |
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|--|------------------|
| Address - Employer (Street, City, State, Zip Code) | Telephone Number |
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|--------------------|--|
| Wages Earned \$ | Wages Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other - _____ |
|--------------------|--|

Unearned Income

| | |
|--|---|
| <input type="checkbox"/> Unemployment insurance - \$ _____ per _____ | <input type="checkbox"/> SSI - \$ _____ |
| <input type="checkbox"/> SS Retirement - \$ _____ per month | <input type="checkbox"/> SS Disability Insurance - \$ _____ |
| <input type="checkbox"/> Veteran's benefits - \$ _____ per month | <input type="checkbox"/> Other income - \$ _____ per _____ |

(OVER)

| | | | |
|--|--|--|-------------------------|
| Name – Parent 2 of Minor Relative | Social Security Number | Birthdate | Telephone Number – Home |
| Address – Street | City | State | Zip Code |
| Ethnic / Racial Group (Check one) <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> American Indian / Alaskan Native White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic (Mexican, Puerto Rican or other Spanish culture) | | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> Divorced | |
| Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name – Employer | | |
| Address - Employer (Street, City, State, Zip Code) | | | Telephone Number |
| Wages Earned \$ _____ | Wages Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other - _____ | | |
| Unearned Income <input type="checkbox"/> Unemployment insurance - \$ _____ per _____ <input type="checkbox"/> SSI - \$ _____ <input type="checkbox"/> SS Retirement - \$ _____ per month <input type="checkbox"/> SS Disability Insurance - \$ _____ <input type="checkbox"/> Veteran's benefits - \$ _____ per month <input type="checkbox"/> Other income - \$ _____ per _____ | | | |