

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

Subsidized Guardianship Checklist / Routing

Use of form: Completion of this form is mandatory under Title IV-E of the federal Social Security Act and Wisconsin Statutes, Chapter 48. Failure to provide the requested information may result in invalid determinations. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Submit the completed form to the address listed below to ensure that minimum requirements to start a child on Subsidized Guardianship are met. Include this checklist with Subsidized Guardianship forms for each new case submitted.

Subsidized Guardianship
 DCF/DSP – Suite 101
 P.O. Box 8916
 Madison WI 53708-8916t

Birth Name – Child (Last, First, MI)	Name – Social Worker	Telephone Number – Social Worker
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Name – Department of Children and Families (DCF) Authorizing Agency

Form routing is indicated after each form: Original (O) and copy (C).

Reviewed in eWiSACWIS	Attached	Form Number	Form Title	Subsidized Guardianship Accountant	Family	Family Record	Child Record
<input type="checkbox"/>	<input type="checkbox"/>	DCF-F-CFS 2365-E	* Subsidized Guardianship Agreement	O	C	C	C
<input type="checkbox"/>	<input type="checkbox"/>	DCF-F-CFS2758-E OR DCF-F-2759-E	* Child and Adolescent Needs and Strengths (CANS) 5-17 Amendment Confirmation of Needs Subsidized Guardianship / Adoption Assistance OR Child and Adolescent Needs and Strengths (CANS) 0-5 Amendment Confirmation of Needs Subsidized Guardianship / Adoption Assistance	O		C	C
<input type="checkbox"/>	<input type="checkbox"/>	F-10115	* Badger Care Plus / Medicaid Health Insurance Information	O		C	C
<input type="checkbox"/>	<input type="checkbox"/>		* Copy of original CHIPS order completed when child was removed from birthparent(s) home. The CHIPS order was not completed for the following reason: <input type="checkbox"/> Kinship case <input type="checkbox"/> Voluntary placement <input type="checkbox"/> Other – Explain: _____	C		C	O
<input type="checkbox"/>	<input type="checkbox"/>		* Copy of most recent CHIPS order . (A CHIPS order should have been issued for each year during the period between the issue date of the original CHIPS order and the Subsidized Guardianship.)	C		C	O
<input type="checkbox"/>	<input type="checkbox"/>		SSI approval / denial, if applicable	C			O
<input type="checkbox"/>	<input type="checkbox"/>	DCF-F-CFS2371-E	Subsidized Guardianship High School Information (applicable if child will be 18 in next 60 days).	O			C
<input type="checkbox"/>	<input type="checkbox"/>		Copy of the Subsidized Guardianship court order	O		O	C

*** Required forms must be submitted no later than ten days after an In-Home Service Placement has been approved in eWiSACWIS.**

I verify all required forms indicated above are either attached OR have been reviewed in eWiSACWIS.

SIGNATURE – Authorizing Authority	Date Signed	SIGNATURE – DCF Adoption Services Unit	Date Signed
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