

# APPLICATION FOR LEVEL II FOSTER HOME LICENSE

Dane County Department of Human Services, 1202 Northport Drive, Madison, WI 53704, (608) 242-6303

(PLEASE PRINT OR TYPE)

## APPLICANT #1

Name \_\_\_\_\_  
Last First Middle Maiden Name

Previous Married Names or Aliases: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ SS# \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Place of Birth \_\_\_\_\_ Military Service Branch \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## APPLICANT #2

Name \_\_\_\_\_  
Last First Middle Maiden Name

Previous Married Names or Aliases: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ SS# \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Place of Birth \_\_\_\_\_ Military Service Branch \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\* \* \* \* \*

School District Your Home is located in \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 5 years, list previous addresses for this period.

## CHILDREN LIVING IN YOUR HOUSEHOLD

1. \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

SS# \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

SS# \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

SS# \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

SS# \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**ADULT PERSONS LIVING IN YOUR HOUSEHOLD** (Including adult children)

1. \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Previous Married Names or Aliases \_\_\_\_\_  
Previous Addresses (Past 5 yrs.) \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Previous Married Names or Aliases \_\_\_\_\_  
Previous Addresses (Past 5 yrs.) \_\_\_\_\_

If you have *minor* children who are not residing with you at the present time, please explain where they are living and why they are not living with you. Please provide the following: name, birth date, physical custodian, address, and how long the child has lived there.

Please list all *adult* children (living away from home), birthdates, and addresses below – references will be sent to them: (Attach a separate sheet if necessary).

**MARITAL HISTORY:** (Attach a separate sheet of paper with any additional marital history/information.)

**APPLICANT #1**

To Whom \_\_\_\_\_  
Date of Marriage  
& City, State \_\_\_\_\_  
Current Status \_\_\_\_\_ Date \_\_\_\_\_  
(ie. married, separated, divorced) (of sep/divorce)  
To Whom \_\_\_\_\_  
Date & Place  
Of Marriage \_\_\_\_\_  
Current Status \_\_\_\_\_ Date \_\_\_\_\_  
(ie. married, separated, divorced) (of sep/divorce)

**APPLICANT #2**

To Whom \_\_\_\_\_  
Date of Marriage  
& City, State \_\_\_\_\_  
Current Status \_\_\_\_\_ Date \_\_\_\_\_  
(ie. married, separated, divorced) (of sep/divorce)  
To Whom \_\_\_\_\_  
Date & Place  
Of Marriage \_\_\_\_\_  
Current Status \_\_\_\_\_ Date \_\_\_\_\_  
(ie. married, separated, divorced) (of sep/divorce)

Do you have copies of the following:

	Yes	No	N/A
Marriage Certificate(s)	_____	_____	_____
Divorce Decree(s)	_____	_____	_____
Birth Certificate(s)	_____	_____	_____
Military Discharge Papers	_____	_____	_____

## EDUCATION

**Applicant #1 – Years Completed** \_\_\_\_\_

Elementary

High School

Technical

College

**Applicant #2 – Years Completed** \_\_\_\_\_

Elementary

High School

Technical

College

## EMPLOYMENT

List all full-time and part-time work, including self-employment and childcare:

### APPLICANT #1

### APPLICANT #2

**Employer** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Days Worked (Name the days)** \_\_\_\_\_

**Days Worked (Name the days)** \_\_\_\_\_

**Hours Worked: From** \_\_\_\_\_ **to** \_\_\_\_\_

**Hours Worked: From** \_\_\_\_\_ **to** \_\_\_\_\_

**Annual Salary** \_\_\_\_\_

**Annual Salary** \_\_\_\_\_

If the adults in your household are employed, what plans do you have for supervision of children in your care while they are working?

\* \* \* \* \*

Please describe any previous contact you or your family has had with Dane County Department of Human Services.

Have you or anyone in your family experienced any of these?

### Check:

### List who and dates of occurrence:

\_\_\_\_\_ Physical / Health Issues

\_\_\_\_\_

\_\_\_\_\_ Emotional/Mental Health Issues

\_\_\_\_\_

\_\_\_\_\_ Alcohol or Drug Use

\_\_\_\_\_

\_\_\_\_\_ Therapy/Counseling

\_\_\_\_\_

\_\_\_\_\_ Marital/Relationship Problems

\_\_\_\_\_

\_\_\_\_\_ Parent-Child Problems

\_\_\_\_\_

\_\_\_\_\_ Medications

\_\_\_\_\_

\_\_\_\_\_ Financial Problems

\_\_\_\_\_

\_\_\_\_\_ Child-School Problems

\_\_\_\_\_

\_\_\_\_\_ Sexual Abuse

\_\_\_\_\_

\_\_\_\_\_ Physical Abuse

\_\_\_\_\_

**Has anyone in your household ever been arrested?** Yes No Who? \_\_\_\_\_

**For what?** \_\_\_\_\_

**When?** \_\_\_\_\_ **Was there a conviction?** \_\_\_\_\_

**Has anyone in your family ever been in foster care?** Yes No Who? When? Why?

**Does anyone in your household have a concealed carry permit?** \_\_\_\_\_

If yes, who? \_\_\_\_\_

## PHYSICAL ENVIRONMENT

Please indicate where everyone in your household sleeps and where a prospective foster child will sleep:

Bedroom Size (Approximate)	Location (Floor)	Occupied By:

How many square feet of living space is in your home? \_\_\_\_\_  
(Do not include unfinished basements, attics, or hallways.)

## ADOPTION/FOSTER CARE

Have you ever applied for adoption or for a foster home license before?      Yes              No

If so, please provide the following information:

Agency Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Agency Address \_\_\_\_\_

## REFERENCES (Please print clearly)

Please give us the names and complete addresses of at least five (5) people or couples who know you well.  
Three must be nonrelatives. We would like names of people who are familiar with you and your family.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In compliance with requirements of the Wisconsin Statutes (48.62 Wis. Stats.), I am applying for a license to operate a foster home. I have received and read a copy of Wisconsin Administrative Code DCF 56 and will comply with the rules unless a specific waiver is granted. I affirm that the information given in this application is accurate. I am willing to provide the licensing agency with sufficient information to verify whether or not the requirements for a license are met and authorize the agency to make such investigation as is necessary to verify these factors and to contact the persons listed above for personal references.

In making this application to the Dane County Department of Human Services for foster home licensing, I understand that there is no commitment by the agency that a child be placed in my home. I also understand that giving false information or withholding information is grounds for denial or revocation of foster care licensing.

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Signature of Applicant #1

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Date

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Signature of Applicant #2

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Date

**\*\* Foster home applications and studies can be subject to open records requests. These requests can be denied if there is a substantial benefit to keeping the information confidential.**

\*\*\*\*\* **For Office Use Only** \*\*\*\*\*

<input type="checkbox"/> Access	<input type="checkbox"/> Ack Letter	<input type="checkbox"/> C-Cap	<input type="checkbox"/> Dane County Sheriff
<input type="checkbox"/> WiSACWIS	<input type="checkbox"/> Adult Child Refs	<input type="checkbox"/> CIB (=>10, not apps)	<input type="checkbox"/> Madison PD
<input type="checkbox"/> MF	<input type="checkbox"/> Character Refs	<input type="checkbox"/> Nat'l Sex Off - Name	<input type="checkbox"/> Town of Madison PD
<input type="checkbox"/> DCDHS Info Sys	<input type="checkbox"/> School Refs	<input type="checkbox"/> Sex Offender Address	<input type="checkbox"/> Out of State CAN checks _____
	<input type="checkbox"/> Employment Refs	<input type="checkbox"/> Fingerprint Card Typed	<input type="checkbox"/> Other Police Checks _____

Date Completed \_\_\_\_\_ By Whom \_\_\_\_\_