**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Kinship Care School Verification**

**Use of form:** This form is to be completed by relatives who are receiving Kinship Care benefits for a child who is, or soon will be 18 years of age or older, but under 19 years of age. An 18-year-old must be enrolled full-time in secondary school or its vocational or technical equivalent, be in good academic standing, and be expected to graduate in order to continue to be eligible for the Kinship Care program. The form must be signed by both the relative caregiver and a school official. This form provides verification of eligibility for Kinship Care as required under s.48.57(3m) and 48.57(3n), Wis. Stats. and Ch. DCF 58.04(2)(h), Admin. Code. Personal information you provide may be used for secondary purposes [s.15.04(1)(m), Wis. Stats.].

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| --- | --- | --- | --- | --- | --- | --- |
| **Section I** To be completed by the relative caregiver. | | | | | | |
| Name – Child (Last, First, MI) | | | | | Birthdate – Child (mm/dd/yyyy) | |
| Name – Relative Caregiver | | | Address – Relative Caregiver (Street, City, State, Zip Code) | | | |
| **Yes** | **No** |  | | | | |
|  |  | The child named above is a full-time student in good academic standing at a secondary school or it’s vocational or technical equivalent (or if school is not currently in session, the child was enrolled during the previous semester, and will be enrolled during the next semester). | | | | |
|  |  |  | | | | |
|  |  | The child named above is reasonably expected to complete the program of study and be granted a high school or earn a high school equivalency diploma. | | | | |
|  |  |  | | | | |
| Date – Expected Graduation (mm/dd/yyyy) | | | | | | |
| **SIGNATURE** – Relative Caregiver | | | | | | Date Signed |
| **Section II** To be completed by an official from the school or equivalency program where the child is enrolled. | | | | | | |
|  | | | | | | |
| I certify that the information provided by the caregiver relative above is true to the best of my knowledge. | | | | | | |
|  | | | | | | |
| Name – School Official (Print) | | | | Title – School Official (Print) | | |
| **SIGNATURE** – School Official | | | | Date Signed | | |
| Name – School / Academic Program (Print) | | | | | | |

**NOTE:** The Kinship Care agency will maintain a copy of this form in the case record.

This form is **NOT** to be sent to the Department of Children and Families.

**Return To:**

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| Agency Name | Agency Mailing Address (street, city, state, zip code) |

Agency Name & Address:

|  |  |  |
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| Agency Contact Name | Email Address | Telephone Number |