**Kinship Care Long-Term Agreement**

**Use of form:** Completion of the form is mandatory, the information must be provided pursuant to sub. 48.57(3n)(am)6., Wis. Stats., and Ch. DCF 58.08(13), Wis. Admin. Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| The |       | and |       |
|  | (Name – Kinship Agency) |  | (Full Name -Caregiver) |
| hereby enter into a Long-Term Kinship Care agreement for the care of |       | . |
|  | (Full Name – Child) |  |

The kinship agency and kinship caregiver agree to the following terms:

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| 1. The |       | will pay the kinship |
|  | (Name – Kinship Agency) |  |
|  | caregiver named above Long-Term Kinship Care payments for the care of the child named above for as long as the kinship and child remain eligible for Long-Term Kinship Care. |
| 2. | If any of the following occurs, per sub. 48.57(3n)(am)6., Wis. Stats., a change of circumstance may have occurred. |
|  | a. | The child moves out of the State of Wisconsin. |
|  | b. | The child is no longer living with the relative caregiver. |
|  | c. | The child is placed outside the caregiver’s home under a court order or a voluntary placement agreement under s. 48.63, Wis. Stats. |
|  | d.  | The guardianship under s. 48.977, Wis. Stats., terminates. |
|  | e. | The child graduates, completes, or drops out from a full-time, kindergarten to 12th grade educational program or its equivalent, and the child is 18 years of age or older. |
|  | f. | The child attains the age of 19. |
|  | g. | The child is married. |
|  | h. | The child enters the military. |
|  | i. | The child is deceased. |
|  | j. | The child is no longer in need of out of home care. |
|  | k. | The child begins receiving supplemental security income under 42 U.S.C. § 1381 to 1383c or state supplemental payments under s. 49.77, Wis. Stats., due to the child’s own disability. |
|  | l. | The caregiver is no longer deemed to be in the best interest of the child. |
|  | m. | The caregiver’s household is no longer eligible for Kinship Care. |
|  | n. | The child’s parent resides with the child and caregiver for more than 30 days. Ch. DCF 58.08(5) and 58.10(1)12, Wis. Admin. Code. |
|  | o. | The caregiver begins receiving subsidized guardianship payments for care of the child under s. 48.623, Wis. Stats., or comparable payments from another jurisdiction. |
| 3. | The caregiver must report to the kinship agency within 5 working days after any of the events listed in item 2. (above) of this Agreement occur. Ch. DCF 58.10(1)(a), Admin. Code. |
| 4. | The caregiver will provide care and maintenance for the child named above for as long as the kinship relative and child remain eligible for Long-Term Kinship Care. |
| 5. | The amount of the Long-Term Kinship Care payment is the amount stated in sub. 48.57(3n)(am), Wis. Stats. |
| 6. | The caregiver will respond to requests from the kinship agency requesting confirmation that the caregiver and child are still eligible for Long-Term Kinship Care, including the required annual redetermination process. Ch. DCF 58.10(3), Wis. Admin. Code. |
| 7. | The caregiver must report to the kinship agency if a new adult or juvenile moves into the household or if an adult is newly employed in the household. The caregiver must also report to the kinship agency if they or another adult who lives or is employed in the caregiver’s household is arrested, convicted, or has a substantiated finding of child abuse or neglect. The kinship agency must terminate Long-Term Kinship benefits if it determines that the arrest, conviction, or abuse or neglect substantiation could adversely affect the child or the caregiver’s ability to care for the child. Ch. DCF 58.05(7) and 58.10(1), Wis. Admin. Code. |
| 8. | The caregiver must cooperate with the child support agency in regards to child support referral or must obtain a good cause exemption from the cooperation requirement from the kinship agency. Ch. DCF 58.04(2), Wis. Admin. Code. |
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|  | **SIGNATURE** – Caregiver |  | Date Signed |  |
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|  | **SIGNATURE** – Kinship Agency Representative |  | Date Signed |  |