**Child Placing Agency (DCF 54)**

**Contract Registration Information**

**Registration Information**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

The checklist below identifies the information that must be completed and submitted as part of the registration process with the Division of Milwaukee Child Protective Services. A separate registration packet is required for each licensed facility.

**This document must be returned to Division of Milwaukee Child Protective Services by emailing it to** [**DCFDMCPSProvider@wisconsin.gov**](mailto:DCFDMCPSProvider@wisconsin.gov)**. Registration materials are due by October 20, 2023 for contracts to begin on January 1, 2024. Late submissions may impede your ability to receive a contract by January 1st.**

Upon review and approval of your registration materials, the Department of Children and Families (DCF) will issue a one-year contract that will be in effect from January through December of the following year. This contract will constitute an offer to do business with Division of Milwaukee Child Protective Services and will stipulate mutual rights and responsibilities. Acceptance of the offer to do business will, of course, be at the discretion of the provider. NOTE: Although a contract may be granted, DMCPS does not guarantee placements within any placement. All placements are determined based on the specific needs of the child.

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| **Child Placing Agency Information** | | | | | | | | | |
| Corporation Name (if different from agency) | | | | | | | | | |
| Agency Name | | | | | | | | | |
| Licensing Capacity | | | Number of Homes Licensed | | | | Wraparound Contract  Yes  No  TBD | | |
| Level 5 Exceptional Treatment Foster Home  Yes, our Chapter 56 license allows me to license homes as L5 OR we are in the process of becoming licensed  No, but I may be interested in becoming licensed  No, I’m not interested in becoming licensed | | | | | | | | | |
| Number of Homes Able to Meet Needs of Specialized Populations | | | | | | | | | |
| Alcohol/Drug Use/Abuse       Autism       Cognitive Disabilities       Emotional/Behavioral Disorders       Hx of Sexualized Behaviors       LGBTQIA+ | | | | | Medically Needy       Teen Parenting       Transition to Adulthood       Victims of human trafficking       Victims of sexual assault (not HT)       Other: | | | | |
| **Program Information Narrative** | | | | | | | | | |
| 1. | Describe what type of administrative/case management services your agency provides to children/youth placed in your treatment foster homes and whether those services are in-house or subcontracted. | | | | | | | | |
| 2. | Describe if there are any specialized ongoing support services offered by your agency for your licensed providers. | | | | | | | | |
| 3. | From “Number of homes able to meet needs of Specialized Populations” above, describe how many open beds/homes your agency has to be able to meet the needs of those youth. Describe efforts your agency will be making in the next year to recruit and/or retain providers to meet the needs of these specialized populations. | | | | | | | | |
| 4. | Describe any information you believe is important for Program Staff to know about your Agency when sending placement referrals for youth. | | | | | | | | |
| **Agency Information:** Provide **complete** agency contact information as specified below. | | | | | | | | | | |
| Agency Name | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | |
| Mailing Address (If different from above) | | | | | | | | | | |
| Agency Telephone Number | | | | Telephone Number for Placements | | | | Emergency Telephone Number | | |
| Agency Fax Number | | Agency Email Address | | | | | | | | |
| Name of Agency Point of Contact | | | | | | | | | Point of Contact Telephone Number | |
| Agency Point of Contact Email | | | | | | | | | | |
| Name of Fiscal Contact | | | | | | | | | Fiscal Contact Telephone Number | |
| Fiscal Contact Email | | | | | | | | | | |
| FEIN Number | | | | | | UEI Number | | | | |
| **Corporate Information** (If different from agency information) | | | | | | | | | | |
| Corporation Name | | | | | | | | | | |
| Corporation Address (Street, City, State, Zip Code) | | | | | | | | | | |
| Mailing Address (if different from above) | | | | | | | | | | |
| Corporation Telephone Number | | | | | | | | | | |
| **Contract Information** | | | | | | | | | | |
| Name of Person with Authority to Sign a DCF Contract | | | | | | | | | | |
| Telephone Number of Contract Authorized Person | | | | | | | | | | |
| Direct Email of Contract Authorized Person (Contracts are sent to the agency as a DocuSign document, so email MUST belong to the signee.) | | | | | | | | | | |