**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Guardianship Screening**

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| **Type of Guardianship (check one)** |
| [ ]  Kinship Guardianship[ ]  Subsidized Guardianship (licensed foster parent with dismissal of CHIPS order) Please attach the following forms: [ ]  Subsidized Guardianship Agreement [ ]  Letter from CSSW or other supervising licensing agency[ ]  Licensed Foster Parent Guardianship with Designed Permanent Placement to Age 18 |
| **Name(s) of Child(ren) Subject to This Guardianship** | **Birthdate** | **CCAP Check** | **Indian Child Welfare Act** |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Information about Proposed Guardian and Household** |
| Name – Proposed Guardian      | Address (Street, City, State, Zip Code)      |
| Proposed Guardian Age      | Birthdate      | Relationship to Child      |
| [ ]  Yes [ ]  No Has guardian ever married? | If “Yes”, when?      | Where?      |
| Date placement with this guardian began      |
| Name(s) and Date(s) of Birth of all Adults and Children in the Home |
| Name      | Birthdate      |
| Name      | Birthdate      |
| Name      | Birthdate      |
| Name      | Birthdate      |
| Name      | Birthdate      |
| Name      | Birthdate      |
| 1. | Name of spouse or partner / significant other of proposed guardian.      |
| 2. | [ ]  Yes [ ]  No Does the spouse or partner / significant other of proposed guardian live in the home? |
| 3. | [ ]  Yes [ ]  No Is the proposed guardian receiving SSI for a disability? | If “Yes”, what is the disability?      |
| 4. | [ ]  Yes [ ]  No Does the guardian and / or spouse / partner have any significant medical conditions? If “Yes”, specify those conditions.      |
| 5. | [ ]  Yes [ ]  No Has proposed guardian and / or spouse / partner ever been convicted of a crime? If “Yes”, specify when, what crime and where (city / state). (Attach CCAP.)      |
| 6. | [ ]  Yes [ ]  No Is anyone living in the home, or who regularly visits the home, a registered sex offender in any state?  |
| 7. | What is the household’s source of income?      |
| 8. | [ ]  Yes [ ]  No Does proposed guardian / spouse have a history of eviction / civil judgments? If “Yes” attach CCAP.  |
| 9. | [ ]  Yes [ ]  No Does proposed guardian have other children in or out of the home? If “Yes”, provide name and age of children.      |
|  | [ ]  Yes [ ]  No Do children have criminal or juvenile records? If “Yes”, which child, when and what crimes? (Attach CCAP.)      |
|  | [ ]  Yes [ ]  No Are these children currently, or expected to again be in the home? |
| 10. | [ ]  Yes [ ]  No Has guardian ever adopted or become a permanent legal guardian before? If “Yes”, when?      |
| 11. | [ ]  Yes [ ]  No Has guardian ever lost or relinquished rights to their biological or adoptive children? If “Yes”, when and how?      |
| 12. | If guardian has other foster children in their home, provide the name of each child, name of OCM and telephone number.      |
| 13. | [ ]  Yes [ ]  No Is guardian the proposed guardian or adoptive guardian for any other children? If “Yes” provide name(s) and date(s) of birth.      |
| 14. | [ ]  Yes [ ]  No Does the guardian have a history of becoming a guardian for children, then allowing the children to be returned to the home of the birth parent? If “Yes”, please explain.      |
| **Licensing Information** |
| 1. | [ ]  Yes [ ]  No Is proposed guardian a licensed foster parent? If “Yes”, when were they licensed?  |
|  | [ ]  Yes [ ]  No Did proposed guardian become licensed expressly to allow placement of this child? |
| 2. | [ ]  Yes [ ]  No Has proposed guardian ever been denied a foster care license? If “Yes”, attach the denial letter from the licensing agency. |
| 3. | [ ]  Yes [ ]  No Has proposed guardian ever started the licensing process, but been told they are not licensable? If “Yes”, explain why.      |
| 4. | [ ]  Yes [ ]  No If this is a kinship placement, explain why kinship is preferable to a licensed foster parent guardianship. |
|  |  | [ ]  Child receives SSI. (If child receives SSI, child is NOT eligible for Kinship Care.) |
|  |  | [ ]  Guardian does not wish to be licensed because:      |
|  |  | [ ]  Other – Explain.      |
| **Guardianship vs. TPR and Adoption** |
| 1. | [ ]  Yes [ ]  No Has the OCM filling out this form discussed adoption with the proposed guardian?[ ]  Yes [ ]  No If “No”, to above, has any OTHER OCM discussed adoption with the proposed guardian? If “Yes”, when?     **If the answer to both of the above questions is “No”, stop filling out this form. The OCM must discuss TPR and Adoption with the proposed guardian.** |
| 2. | [ ]  Yes [ ]  No Based on these discussions, has the proposed guardian expressed a desire to adopt the child(ren) versus becoming a permanent legal guardian?  |
|  | If “No”, explain why not.      |
|  | If “Yes”, explain why this case has not been referred to the DA’s office for TPR proceedings.      |

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| Name – OCM Completing Form |  | Date Completed |  |

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|       |  |       |  |
| Name – Supervisor |  | Date Completed |  |