**Closed Adoption Home Files Listing**

**Use of form:** This form will be completed by the public adoption agencies each time the agency prepares one or more boxes of closed or withdrawn adoption home files. These files will be sent to the Records Center for storage according to the Records Retentions / Disposition Authorization (RDA 685C). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete this form each time your agency prepares one or more boxes of adoptive home files. This form must be completed online only and submitted via email toDCFAdoptiveHomeFiles@wisconsin.gov. Once it is processed, labels will be sent to the address identified below so that the boxes can be sent to the State Records Center.

**User Box Code**

**Instructions:** Select the agency name, location, enter the current year, and identify the current box number to generate the user box code. Box numbers should be chronological and will reset each calendar year. Public adoption agencies are responsible for tracking the box numbers.

For example, when your office sends in the first box of the year, it will be labeled as number 1, the next box will be labeled as number 2, and so on. When a new year begins, the box number resets to 1. This information is tracked by DCF to support the request for closed adoptive home files by agencies if a family pursues an adoption in the future.

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| **Agency Name** | **Location Code** | **Current Year** | **Box Number** |
| [ ]  CHWCS | [ ]  MAD (Madison)[ ]  MKEBOS (Milwaukee) |      |      |
| [ ]  LSS | [ ]  APPLE (Appleton)[ ]  EC (Eau Claire)[ ]  FOND (Fond du Lac) | [ ]  LACR (La Crosse)[ ]  SUP (Superior)[ ]  WAU (Wausau) |      |      |
| [ ]  CHWCS[ ]  WPWI | [ ]  DMCPS (Milwaukee) |      |      |

**Adoption Home Files Information**

**Instructions:** Provide the contact information for the agency regarding the files that are connected to the box identified above. Include all file information that will be included in the box for each family.

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| Adoption Agency Name      | Adoption Agency AddressSTREET ADDRESSCITY, STATE ZIP CODE |
| Agency Contact Person Full Name      | Contact Telephone Number      |
| Agency Contact Person Email Address      |

|  | **eWiSACWISProvider ID** | **Family Name for Parent 1 & 2**(First Last) or (First & First Last) | **Effective CaseClosure Date** | **Number ofFiles** |
| --- | --- | --- | --- | --- |
|  |       |       | MM/DD/YYYY |       |
|  |       |       | MM/DD/YYYY |       |
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