**Seneca Search Request**

**Use of Form:** Counties use this form to make a referral for a Seneca Search Request. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Please be as complete as possible.

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| **PARENT(S)** | | | | | | | |
| Parent 1 Full Name (First, Middle Initial, Last) | | | | | WiSACWIS Number | | |
| Birthdate (or approximate age if DOB is unknown) | | Social Security Number | | | | | |
| All Permanent Addresses | | | | | | | |
| Other Full Names Used | | | | | | | |
| Parent 2 Full Name (First, Middle Initial, Last) | | | | | WiSACWIS Number | | |
| Birthdate (or approximate age if DOB is unknown) | | Social Security Number | | | | | |
| All Permanent Addresses | | | | | | | |
| Other Full Names Used | | | | | | | |
| **CHILD(REN)** | | | | | | | |
| Children Full Name (First, Middle Initial, Last) | eWiSACWIS Number | | | Birthdate | | | Social Security Number |
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| **REQUESTOR CONTACT INFORMATION** | | | | | | | |
| Full Name | | | | | | Telephone | |
| Email Address | | | | | | | |
| County Agency | | | **Send to: DCFSeneca@wisconsin.gov** | | | | |