**Verification of Out-of-Home Placement for Wisconsin Shares Eligibility**

**Use of form:** This form may be used when no other document, as listed below, is available to establish that a child is residing in foster care, subsidized guardianship, in the care of an interim caretaker or relative with court-ordered placement of a child. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

* Current Voluntary Placement Agreement
* Emergency Temporary Custody order
* Current court order under Wisconsin Statutes Chapters 48 or 938 or any Wisconsin tribal law that is substantially similar to Wisconsin Statutes Chapters 48 or 938.

Voluntary kinship or guardianships under Chapter 48.9795 or any Wisconsin tribal law that is equivalent to Chapter 48.9795 cannot be verified using this form.

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| **Wisconsin Shares Agency Information** | | |
| Name of the Local Wisconsin Shares Agency | | |
| **Verification of residence of child in out-of-home care for purposes of Wisconsin Shares eligibility determination** | | |
| Child’s Name | | Child’s Date of Birth |
| This is to verify that the above child resides in the following care:  Foster Home  Relative with Court-Ordered Placement  Subsidized Guardian  Interim Caretaker | | |
| Name of the Current Caregiver | | |
| Address (Street, City, State, Zip Code) | | |
| Effective Date of the Child’s Placement (mm/dd/yyyy) | End Date of the Child’s Placement if applicable (mm/dd/yyyy) | |
| **Placing Agency Information** | | |
| Contact me at the following telephone number if you have questions regarding this child or the placement. | | |
| Name of the Placing Agency | | |
| Name of the Child Welfare Professional | | |
| Title of the Child Welfare Professional | | |
| Telephone Number of Child Welfare Professional | | |
| Date Form Completed | | |