Kinship Care Additional Child Form

I. CHILD IN PROVIDER'S CARE REQUESTING KINSHIP CARE

Name – Child (Last, First, MI)	Birthdate	Social Security Number or date applied

☐ Yes ☐ No Does the child receive social security income (SSI) on his or her **own** behalf?

If "Yes", he or she is ineligible for Kinship Care payment.

Last Grade Completed

☐ Yes ☐ No U.S Citizen

If the child is not a U.S. citizen, describe status:

Name of School

☐ Yes ☐ No Do you have guardianship of this child?

Type of Guardianship
☐ s. 48.977 Wis. Stats. ☐ s. 48.9795 Wis. Stats (includes Ch. 54)
☐ Other, please describe:

Ethnicity (Check at least one box and may check up to three boxes)

☐ White
☐ Black / African American
☐ American Indian / Alaskan Native
☐ Asian
☐ Native Hawaiian / Pacific Islander
☐ Other

☐ Yes ☐ No Does the child have health insurance?

If yes, type: ☐ Badgercare+ ☐ Private Health Insurance

Relationship to caregiver	Date began living with caregiver

Describe why the child cannot live with their parent(s):

Name – Parent 1 of Minor Relative	Social Security Number	Birthdate	Telephone Number – Home
Address – Street	**City**	**State**	**Zip Code**

Ethnic / Racial Group (Check one)

☐ Black (not of Hispanic origin)
☐ White
☐ Asian or Pacific Islander (includes Indian Subcontinent origin)
☐ American Indian / Alaskan Native
☐ Hispanic (Mexican, Puerto Rican or other Spanish culture)

Marital Status

☐ Married ☐ Never Married
☐ Separated ☐ Unknown
☐ Divorced

Employed?

☐ Yes ☐ No

Name – Employer

Address - Employer (Street, City, State, Zip Code)

Telephone Number

Wages Earned

$

Wages Paid

☐ Weekly ☐ Biweekly ☐ 2 x Month ☐ Monthly ☐ Other -

Unearned Income

☐ Unemployment insurance - $ _____ per _____
☐ SS Retirement - $ _____ per month
☐ Veteran's benefits - $ _____ per month
☐ SSI - $ _____
☐ SS Disability Insurance - $ _____
☐ Other income - $ _____ per _____

(OVER)

Name – Parent 2 of Minor Relative	Social Security Number	Birthdate	Telephone Number – Home

Address – Street	City	State	Zip Code

Ethnic / Racial Group (Check one)

☐ Black (not of Hispanic origin) ☐ American Indian / Alaskan Native
☐ White
☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture)

Marital Status

☐ Married ☐ Never Married
☐ Separated ☐ Unknown
☐ Divorced

Employed?

☐ Yes ☐ No

Name – Employer

Address - Employer (Street, City, State, Zip Code)

Telephone Number

Wages Earned

$

Wages Paid

☐ Weekly ☐ Biweekly ☐ 2 x Month ☐ Monthly ☐ Other -

Unearned Income

☐ Unemployment insurance - $ per ☐ SSI - $
☐ SS Retirement - $ per month ☐ SS Disability Insurance - $
☐ Veteran's benefits - $ per month ☐ Other income - $ per