**Red Cliff Child Support Services Agency**

**KINSHIP CARE REFERRAL FOR CHILD SUPPORT SERVICES**

**Use of form:** This form must be used by the Kinship Care agency in making a referral to the local child support agency when a payment for Kinship Care is approved under s. 48.57(3m), Stats. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete this form to the extent possible and submit it to the local child support agency.

Name - County / Tribal Agency

|  |  |  |
| --- | --- | --- |
| Date - Kinship Care Payment Approved | Date - Kinship Care Payment Began | Amount of First Payment (If less than $215) |

# RELATIVE CAREGIVER

|  |  |
| --- | --- |
| Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) |
| Address (Street, City, State, Zip Code) | Telephone Number |
| Social Security Number | GenderMale Female | Ethnic / Racial Group (Check one)Black (not of Hispanic origin) American Indian / Alaskan Native White Asian or Pacific Islander Hispanic (Mexican, Puerto Rican or (includes Indian Subcontinent origin) other Spanish culture) |

1. **CURRENT RELATIONSHIP OF CHILD'S PARENTS TO EACH OTHER**

Relationship Status

|  |  |  |  |
| --- | --- | --- | --- |
| Married | Divorced | Separated with court order | Separated without court order |
| Never married | Father deceased | Mother deceased | Unknown |

|  |  |
| --- | --- |
| Date - If Ever Married (mm/dd/yyyy) | Place of Marriage (City, State) |
| Child Support Order Currently in Effect?Yes No Unknown | Child Support Amount (If applicable)$ per  | Child Support Being PaidYes - Regularly NoYes - Irregularly Unknown |
| Paternity EstablishedYes No Unknown | County / State / Tribe of Court Case | Order for Medical Support in Effect?Yes No Unknown |

Child Receiving Medical Assistance (MA)?

Yes No Unknown If "Yes", provide the MA number (if known)

# CHILD'S FATHER

|  |  |
| --- | --- |
| Name (Last, First, MI) | Birthdate (mm/dd/yyyy) |
| Address (Street, City, State, Zip Code) | Telephone Number |
| Social Security Number | Ethnic / Racial Group (Check one)Black (not of Hispanic origin) American Indian / Alaskan Native White Asian or Pacific Islander Hispanic (Mexican, Puerto Rican or(includes Indian Subcontinent origin) other Spanish culture) |
| Father Employed?Yes No | Name - Employer |
| Address - Employer (Street, City, State, Zip Code) | Telephone Number |
| Wages Earned$ | Wages PaidWeekly 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

DCF-F-CFS2096 (R. 03/2010)

# CHILD'S MOTHER

|  |  |
| --- | --- |
| Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) |
| Address (Street, City, State, Zip Code) | Telephone Number |
| Social Security Number | Ethnic / Racial Group (Check one)Black (not of Hispanic origin)Asian or Pacific Islander(includes Indian Subcontinent origin) | American Indian / Alaskan Native White Hispanic (Mexican, Puerto Rican orother Spanish culture) |
| Mother Employed?Yes No | Name - Employer |
| Address - Employer (Street, City, State, Zip Code) | Telephone Number |
| Wages Earned$ | Wages PaidWeekly 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

# CHILD(REN) OF NAMED PARENT(S) CURRENTLY RECEIVING KINSHIP CARE BENEFITS

List only children, both of whose parents are those named on the previous page. A separate form must be completed for a child if one of his or her parents is not identified on the previous page.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) | Social Security Number |
| 2. | GenderMale Female | Ethnic / Racial Group (Check one)Black (not of Hispanic origin)Asian or Pacific Islander(includes Indian Subcontinent origin) | American Indian / Alaskan Native White Hispanic (Mexican, Puerto Rican orother Spanish culture) |
| Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) | Social Security Number |
| 3. | GenderMale Female | Ethnic / Racial Group (Check one)Black (not of Hispanic origin)Asian or Pacific Islander(includes Indian Subcontinent origin) | American Indian / Alaskan Native White Hispanic (Mexican, Puerto Rican orother Spanish culture) |
| Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) | Social Security Number |
| GenderMale Female | Ethnic / Racial Group (Check one)Black (not of Hispanic origin)Asian or Pacific Islander(includes Indian Subcontinent origin) | American Indian / Alaskan Native White Hispanic (Mexican, Puerto Rican orother Spanish culture) |

#  VI. CONFIRMATION

The above information is true to the best of my knowledge. I understand that in any child support action, the agency attorney represents the State and does not represent me.

**SIGNATURE** - Relative Caregiver Date Signed

Name - Agency Contact for This Referral Date Signed Telephone Number

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