**badgercare Plus**

**CW**

**Child Welfare Parent / Caretaker Relative (CWPC) Communication**

Child Welfare (CW) Agencies and Income Maintenance (IM) Agencies use this form for referral purposes and to communicate changes in circumstances (e.g., household composition) regarding adults or children in CWPC cases.

Referral  Change Date

**DO NOT DISCLOSE LOCATION OF CHILD OR CUSTODIAN AS DISCLOSURE COULD RESULT IN IMMINENT**

**DANGER TO THE CHILD OR PHYSICAL CUSTODIAN.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Case Name | | | | | Date of Birth | |
| Address (Street) | | | | | CARES Case Number | |
| City | State | | | Zip Code | eWiSACWIS Case Number | |
| **CW agency should complete the section below**  **Identifying Information for Child(ren) Removed From The Home** | | | | | | |
| Name – Child One | | | | | Sex  Male  Female | |
| Date of Removal | Date Returned to the Home | | | | Date of Birth | |
| **Child’s Placement after removal (check those that apply)** | | | | | | |
| Foster Care (treatment, group, family, or residential care center for children and youth) | | | | | | |
| Foster Care Placement with a Relative | | Court Ordered Kinship Care | | | | |
| For Court Ordered placement with a relative, include the identifying information about the relative below. | | | | | | |
| Relative Name | | | | | | Date of Birth |
| Placement not under CW Supervision | | Other Placement | | | | |
| Is Reunification a Permanency Plan Goal?  Yes  No  If No, include the date the court action removed the reunification goal from the order.      /     / | | | | | | |
| Name – Child Two | | | | | | Sex  Male  Female |
| Date of Removal | Date Returned to the Home | | | | | Date of Birth |
| **Child’s Placement after removal (check those that apply)** | | | | | | |
| Foster Care (treatment, group, family, or residential care center for children and youth) | | | | | | |
| Foster Care Placement with a Relative | | | Court Ordered Kinship Care | | | |
| For Court Ordered placement with a relative, include the identifying information about the relative below. | | | | | | |
| Relative Name | | | | | | Date of Birth |
| Placement not under CW Supervision | | Other Placement <Desribe> | | | | |
| Is Reunification a Permanency Plan Goal?  Yes  No  If No, include the date the court action removed the reunification goal from the order.      /     / | | | | | | |

**CW**

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| --- | --- | --- | --- | --- | --- |
| Name – Child Three | | | Sex  Male  Female | | |
| Date of Removal | Date Returned to the Home | | Date of Birth | | |
| **Child’s Placement after removal (check those that apply)** | | | | | |
| Foster Care (treatment, group, family, or residential care center for children and youth) | | | | | |
| Foster Care Placement with a Relative | | Court Ordered Kinship Care | | | |
| For Court Ordered placement with a relative, include the identifying information about the relative below. | | | | | |
| Relative Name | | | Date of Birth | | |
| Placement not under CW Supervision | | Other Placement <Describe> | | | |
| Is Reunification a Permanency Plan Goal?  Yes  No  If No, include the date the court action removed the reunification goal from the order.      /     / | | | | | |
| Name – Child Four | | | Sex  Male  Female | | |
| Date of Removal | Date Returned to the Home | | Date of Birth | | |
| **Child’s Placement after removal (check those that apply)** | | | | | |
| Foster Care (treatment, group, family, or residential care center for children and youth) | | | | | |
| Foster Care Placement with a Relative | | Court Ordered Kinship Care | | | |
| For Court Ordered placement with a relative, include the identifying information about the relative below. | | | | | |
| Relative Name | | | Date of Birth | | |
| Placement not under CW Supervision | | Other Placement <Describe> | | | |
| Is Reunification a Permanency Plan Goal?  Yes  No  If No, include the date the court action removed the reunification goal from the order.      /     / | | | | | |
| Use an additional sheet of paper to report the removal of additional children from the home. | | | | | |
| **SIGNATURE** - CW Worker | | | | | Date Signed / Sent |
| **IM Agency should complete the section below**  **IM Reported Child Welfare Parent / Caretaker Relative BC Plus Eligibility Information** | | | | | |
| CW reported that reunification of the child or children with the parent is no longer a goal.  BC Plus Eligibility for the Parent / Caretaker Ends or is Denied      /     / | | | | | |
| **SIGNATURE** - IM Worker | | | | Date Signed / Sent | |