DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Guide to:
FOSTER PARENT INSURANCE PROGRAM
VERIFICATION OF CLAIM

Use of form: Completion of this form is required before a claim for foster parent insurance (s. 48.627) can be made to the department. The form must be completed and signed by the placing agency. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Within five working days of receipt, submit a "Foster Parent Insurance Program Claim of Loss or Damage" form (DCF-F-CFS0116-E) with supporting documentation and the completed "Foster Parent Insurance Program Verification of Claim" form (DCF-F-CFS0117-E) to the Bureau of Permanence and Out-of-Home Care, P.O. Box 8916, Madison, WI 53708-8916.

Placing Agency Information

Name – Placing Agency

Contact information for the agency that placed the child in this foster home.

Address (Street, City, State, Zip Code)

Foster Parent(s) Information

Name – Foster Parent(s)

Demographic information for the foster parent who suffered the loss or damage.

Address (Street, City, State, Zip Code)

Date DCF-F-CFS0116-E was received by the placing agency:

☐ Yes ☐ No Was the foster parent licensed at the time of occurrence?

☐ Yes ☐ No Was the foster child placed in the home at the time of occurrence?

☐ Yes ☐ No If appropriate, is restitution being sought?

☐ Yes ☐ No Is the foster child FFP eligible?

Is the child Title IV-E eligible and reimbursable?

If "Yes" provide: Date of previous claim:

Amount of previous claim: $

Date of previous claim during the current State Fiscal Year (July 1- June 30)

Explain what you understand the circumstances of loss or damage to be.

Describe how you verified the loss or damage.

Explain how future loss or damage by the foster child can be prevented and how the condition is being treated or resolved.

Description of the damage as verified by the Foster Care Coordinator

Placing Agency Recommendation

☐ Pay amount claimed on DCF-F-CFS0116-E.

Amount claimed: $

Less deductible: $

Recommended payment: $

If the Coordinator agrees with the amount claimed by the foster parent, these three boxes should be filled out accordingly, including the $100 deductible.

☐ Pay amount other than claimed.

Amount claimed: $

Less deductible: $

Recommended payment: $

If the Coordinator does **not** agree with the amount claimed by the foster parent, these three boxes should be filled out accordingly, including the $100 deductible.

☐ Disregard claim.

If amount other than claimed is to be paid or claim is to be disregarded, provide explanation of recommendation.

Placing Agency Verification Checklist

A final checklist for the Coordinator prior to submitting the claim. The claim will not be processed until all the questions on this list are satisfied.

☐ Yes ☐ No Are all three pages of the DCF-F-CFS0116-E completed and attached?

☐ Yes ☐ No Is there documentation of insurance coverage or insurance disclaimer provided with the DCF-F-CFS0116-E?

☐ Yes ☐ No Have the receipts, estimates or other documentation for each item lost or damaged been provided?

☐ Yes ☐ No If theft was involved, has a copy of the police report been provided?

☐ Yes ☐ No Has the DCF-F-CFS0117-E been completed in its entirety?

Signature

Name – Person Completing This Form	Telephone Number
SIGNATURE – Agency Representative	Date Signed