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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-60820 (07/2018) | **STATE OF WISCONSIN**  Wis. Admin. Code § DHS 85.01  Page 1 of 3 |

**CORPORATE GUARDIANSHIP PROGRAM STATUS APPLICATION**

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| **If at any time the department determines that the corporate guardianship no longer meets the criteria set out in Wis. Admin. Code ch. DHS 85, the department may withdraw its approval upon 30-day written notice to the non-profit corporation or former non-profit corporation, the court or courts that assigned the corporations’ guardianships, the ward, his or her family, other interested parties, and the county agency designated under Wis. Stat. § 55.02.**  **Any party adversely affected by a decision of the department about the suitability of a private non-profit corporation to serve as guardian may appeal that decision to the department’s Office of Administrative Hearings under Wis. Stat. §§ 227.064 and 227.07-13.**  Collection of the information on this form is required to assist the department in determining whether a non-profit corporation or an unincorporated association is a suitable agency and is qualified to serve as a guardian as stated in Wis. Admin. Code ch. DHS 85. Failure to provide the requested information may result in denial of the corporate guardianship status.  **SEE APPLICATION INSTRUCTIONS AND CHECKLIST ON PAGE 3.**  Questions about completion of this form may be directed to the Corporate Guardianship Program Coordinator at **608-266-8481.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. ORGANIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name – Organization | | | | | | | | | | | | | | | | | | | | Date Incorporated *(MM/dd/yyyy)* | | | | | |
| Physical Address | | | | | | | | | | | City | | | | | | | | | | | State | | Zip Code | |
| Mailing Address *(if different than physical address)* | | | | | | | | | | | City | | | | | | | | | | | State | | Zip Code | |
| Name – Guardianship Program Manager | | | | | | | | | Telephone No. | | | | | | Email Address | | | | | | | | | | |
| Name – Secondary Contact Person | | | | | | | | | Telephone No. | | | | | | Email Address | | | | | | | | | | |
| 1. **Primary Purpose of Organization** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **B. Anticipated Number of Wards:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| ***NOTE:*** *Initially, your agency will be approved to serve up to 20 wards. To increase that number, contact the Corporate Guardianship Program Coordinator.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Disability and Age Groups to be Served** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability | | | | | Age Group | | | Disability | | | | | | Age Group | | | Disability | | | | | | | | Age Group | | |
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| **D. Counties to be Served** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II. CORPORATE STRUCTURE – BOARD OF DIRECTORS AND EMPLOYEES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Attach** **an organizational chart** that delineates the lines of authority and identifies the board of directors, any advisory committees, consultants, lead person responsible for the corporate guardianship program, staff / volunteers, and funding resources. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. List below** only those board members or employees who also are members or employees of a community board, a county human services board, or county social services department as specified in Wis. Admin. Code § DHS 85.12(4) and indicate the county or counties affected. (*Attach additional pages, if necessary.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | | Name | | | | | | | | | | Corporation Guardianship Agency Role | | | | | | | | | | | | | | |
| Other Agency Affiliation *(Specify agency and role.)* | | | | | | | | | | County(ies) Affected | | | | | | | | | | | | | | |
| **2** | | Name | | | | | | | | | | Corporation Guardianship Agency Role | | | | | | | | | | | | | | |
| Other Agency Affiliation *(Specify agency and role.)* | | | | | | | | | | County(ies) Affected | | | | | | | | | | | | | | |
| **3** | | Name | | | | | | | | | | Corporation Guardianship Agency Role | | | | | | | | | | | | | | |
| Other Agency Affiliation *(Specify agency and role.)* | | | | | | | | | | County(ies) Affected | | | | | | | | | | | | | | |
| **III. STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name – Person Designated as the Guardianship Program Manager: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **B. Attach** a list of the guardianship program staff members, *including volunteers*, providing (1) names, (2) addresses, (3) job titles, (4) job descriptions, (5) job qualifications, and (6) monthly hours of direct, as well as indirect, services to wards. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV. FUNDING** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Identify** all sources of actual or anticipated funding for the corporate guardianship program.  **B. Attach** copies of any funding contracts for corporate guardianship program services. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source | | | | | | | | | | | | | | | | | | | Amount | | | | | | | | |
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| **Anticipated Annual Cost Per Ward** | | | | | | | | | | | | | | | | | | | **$** | |  | | | | | | |
| **V. ASSURANCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The applicant corporation, through the actions of its guardianship program manager, agrees to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Communicate any change in the internal assignment of responsibilities to the Corporate Guardianship Program Coordinator, the local planning agency, or interagency mechanism designated under Wis. Stat. § 55.02, the ward, and to the court within fourteen (14) days following its effective date. *[Wis. Admin. Code § DHS 85.09(1)(d)]* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Be immediately accessible by phone during normal working hours to the local planning agency or interagency mechanism designated under Wis. Stat. § 55.02. *[Wis. Admin. Code § DHS 85.11(3)]* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Ensure that the person responsible on behalf of the corporation for administering the guardianship shall be readily accessible in person or by phone to the ward and to other persons concerned. *[Wis. Admin. Code § DHS 85.11(4)]* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Submit such reports and answer such questions as the department shall require in monitoring corporate guardianships.  *[Wis. Admin. Code § DHS 85.05(4)]* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Ensure periodic personal contact with the ward, at least once every three (3) months, to ascertain the status of the ward, take necessary action to see that the ward receives needed services, and to assure that the ward is well treated, properly cared for, and is provided with the opportunity to exercise legal rights. Personal contact with a ward protectively placed under Wis. Stat. § 55.06 shall be onsite personal contact. *[Person – Wis. Admin. Code § DHS 85.14(7); Estate – Wis. Admin. Code § DHS 85.14(8)]* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Ensure that, when serving as guardian of the person of a ward, an annual report is filed on the condition of the ward to the court that ordered the guardianship and to the county agency designated under Wis. Stat. § 55.02. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE** – Guardianship Program Manager | | | | | | | | | | | | | | | | | | Date Signed *(mm/dd/yyyy)* | | | | | | | | | |
| **INSTRUCTIONS AND CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * These instructions provide a list of prerequisites, information, and materials that are necessary to submit the Corporate Guardianship Program Status Application with the Division of Quality Assurance (DQA). This form is divided into two sections:   Section I: Prerequisites for DQA Application – (1) Incorporation and (2) Caregiver Background Checks  Section II: DQA Application   * Corporate Guardianship Program information and forms are accessible at: <https://www.dhs.wisconsin.gov/regulations/guardianship/introduction.htm> * Questions about this form and the application process may be directed to **608-266-8481.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION I. PREREQUISITES FOR DQA APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Incorporation – *Department of Financial Institutions (DFI)***  * Your program must be a corporation listed with the Wisconsin Department of Financial Institutions. * The name of your corporation (Article 1 on DFI form DFI-102, *Articles of Incorporation – Nonstock Corporation*) must end with the abbreviation “Inc.” No other legal status/abbreviation will be accepted by DQA. * You must submit a **COPY** of the completed form DFI-102 to DQA when you submit your application materials to the DQA Corporate Guardianship Program. **The original must be sent to DFI** **and will be returned to sender if sent to the Corporate Guardianship Program.**   **NOTE:** Department of Financial Institutions information and forms can be accessed at: <http://www.wdfi.org/corporations/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Caregiver Background Checks - *Office of Caregiver Quality (OCQ)***  * Individuals who apply for regulatory approval as Guardianship Program Managers must submit a completed caregiver background check on-line application or paper application with the Office of Caregiver Quality. * If you submit a paper Caregiver Background Check application(s), the application(s) and fee(s) must be sent to the Office of Caregiver Quality. **If sent to the Corporate Guardianship Program, they will be returned to sender.**   **NOTE:** Office of Caregiver Quality information and forms can be accessed at: <http://www.dhs.wisconsin.gov/caregiver/entity-cbc.htm> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION II.DQA APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following materials must be submitted **together** when applying to the Corporate Guardianship Program. **Incomplete application packets will be returned.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Completed *Corporate Guardianship Program Status Application* (DQA form F-60820) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Copy of your program’s client grievance procedure for use by wards and interested parties  **NOTE:** For related information, see:   * DHS Client Rights homepage: <http://www.dhs.wisconsin.gov/clientrights/index.htm>. * DHS Model Grievance Procedure: <http://www.dhs.wisconsin.gov/clientrights/modelgrievance.htm>. (Although this model was developed for use by providers included in Chapter 94, you may find it useful.) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Copy of your program’s business plan   * Business plan should include: executive summary, business description and vision, market analysis, description of products and services, organization and management, market and sales strategy, financial management, and staffing projections. * See: AllBusiness.com website at<http://smallbusiness.yahoo.com/advisor/does-business-plan-140000974.html>. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Copy of your program’s corporate bond, if required by court order [per DHS 54.46(4)a]  See: Chapter 54, Wisconsin Administrative Code at <http://docs.legis.wisconsin.gov/statutes/statutes/54/IV/46/4>. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Copy of your program’s corporate *Articles of Incorporation – Nonstock Corporation* (DFI form DFI-102) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Resume(s) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 2 Letters of Recommendation – Professional | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (if requested by DQA): | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (if requested by DQA): | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (if requested by DQA): | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Submit your application and all materials listed in Section II to: DHS / Division of Quality Assurance  Bureau of Education Services and Technology  ATTN: Corporate Guardianship Program Coordinator  **1 W Wilson St, Rm 450**  Madison, WI 53703-2969 | | | | | | | | | | | | | | | | | | | | | | | | | |