

WALWORTH COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
W4051 County Road NN P.O. Box 1005 Elkhorn, WI 53121-1005
262-741-3200 800-365-1587 TTY 262-741-3255 FAX 262-741-3217

Agency
INTERJURISDICTIONAL AGREEMENT

Consumer Name: _____ Consumer #: _____ DOB: _____

Anticipated Placement Date: _____

The above named person will be placed at the following facility located at:

Name: _____

Street Address: _____

Telephone Number: _____

The facility is licensed or certified as a (check one):

- | | |
|--|---|
| <input type="checkbox"/> Child Family Foster Home | <input type="checkbox"/> Adult Family Home |
| <input type="checkbox"/> Community-Based Rehabilitation Facility | <input type="checkbox"/> Skilled Nursing Facility |

The license or certification for this facility is issued to:

Name: _____

Mailing Address: _____

Telephone Number: _____

The consumer remains a legal resident of _____ County, which agrees to retain financial responsibility for the consumer including costs associated with §51.15 Emergency Detention or §55.13 Emergency Protective Services, while placed in Walworth County.

County Address: _____

After-hours telephone number for County: _____

The legal status of the consumer is (check one):

- | | | |
|---------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> §51.20 | <input type="checkbox"/> §48 | <input type="checkbox"/> §54 |
| <input type="checkbox"/> §55.12 | <input type="checkbox"/> §938 | <input type="checkbox"/> Voluntary |
| <input type="checkbox"/> Other: _____ | | |

Special instructions for after-hours care or hospitalization:

Licensee or Authorized Representative Print Name Date

Authorized Rep of Placing County Print Name Date