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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-82064 (07/2018) | **STATE OF WISCONSIN**Wis. Stat. § 50.065Wis. Admin. Code § DHS 12.05(4)Page 1 of 3 |
| BACKGROUnd information disclosure (bid) |
| * **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to $1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
* Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
* Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
* Refer to DQA form F-82064A, *BID Instructions*, for additional information.
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| **Check the box that applies to you.** |
| [ ]  | Employee / Contractor (including new applicant) | [ ]  | Household member (lives on premises, but is not a client) |
| [ ]  | Applicant for a license, certification, or registration (including continuation or renewal) | [ ]  | Other – Specify: |        |
| **NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](http://www.dhs.wisconsin.gov/forms/F8/F82069.docx), and submit both forms to the address noted in the Appendix Instructions. |
| Full Legal Name – *First*      | *Middle*      | *Last*      |
| Position Title (Complete only if a prospective or current employee or contractor.)      | Birth Date *(MM/dd/yyyy)*      | Sex[ ]  Male [ ]  Female |
| Any Other Names By Which You Have Been Known (Including Maiden Name)      |
| Race / Ethnicity (Check ONLY one.)[ ]  American Indian or Alaskan Native [ ]  Asian or Pacific Islander [ ]  Black [ ]  White [ ]  Unknown  | Social Security Number      |
| Home Address      | City      | State   | Zip Code      |
| Business Name and Address – Employer or Care Provider (Entity)      |
| **A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**Note: The areas below that are designated for responses are expandable. |

| **SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION** |
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| 1. | Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents. | Yes[ ]  | No[ ]  |
|  |       |
| 2. | Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents. | Yes[ ]  | No[ ]  |
|       |
| 3. | **IMPORTANT: Read before completing item 3.****Wis. Stat. § 48.981** **Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** “All reports made under this section, notices provided under sub. [(3) (bm)](http://docs.legis.wisconsin.gov/document/statutes/48.981%283%29%28bm%29), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.[ ]   **If you are the employer or prospective employer of the person completing this form and are entitled to obtain this** **information per the above, check this box.** |
|  | Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?**If the above box has been checked**, provide an explanation below, including when and where the incident(s) occurred. | Yes[ ]  | No[ ]  |
|  |       |
| 4. | Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?If **Yes,** explain, including when and where it happened. | Yes[ ]  | No[ ]  |
|       |
| 5. | Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?If **Yes**, explain, including when and where it happened. | Yes[ ]  | No[ ]  |
|       |
| 6. | Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?If **Yes**, explain, including when and where it happened. | Yes[ ]  | No[ ]  |
|       |
| 7. | Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?If **Yes**, explain, including credential name, limitations or restrictions, and time period. | Yes[ ]  | No[ ]  |
|       |
| **SECTION B – OTHER REQUIRED INFORMATION** |
|  | Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?If **Yes,** explain, including when and where it happened. | Yes[ ]  | No[ ]  |
|       |
|  | Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?If **Yes,** explain, including when and where it happened and the reason. | Yes[ ]  | No[ ]  |
|       |
|  | Have you been discharged from a branch of the US Armed Forces, including any reserve component?If **Yes**, indicate the year of discharge:      Attach a copy of your DD214, if you were discharged within the last three (3) years. | Yes[ ]  | No[ ]  |
|  | Have you resided outside of Wisconsin in the last three (3) years?If **Yes**, list each state and the dates you resided there. | Yes[ ]  | No[ ]  |
|       |
|  | If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?If **Yes**, list each state and the dates you resided there. | Yes[ ]  | No[ ]  |
|       |
|  | Have you had a caregiver background check done within the last four (4) years?If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. | Yes[ ]  | No[ ]  |
|       |
|  | Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision. | Yes[ ]  | No[ ]  |
|       |
| ***Read and initial the following statement.*** |
|   | I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today’s date. |
| Name – Person Completing This Form      | Date Submitted      |