

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.

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](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (<i>MM/dd/yyyy</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> 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

- 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
<input type="checkbox"/>	<input type="checkbox"/>
- 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
<input type="checkbox"/>	<input type="checkbox"/>
- 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), 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
<input type="checkbox"/>	<input type="checkbox"/>

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>If Yes, explain, including when and where it happened.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <p>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?</p> <p>If Yes, explain, including when and where it happened.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?</p> <p>If Yes, explain, including when and where it happened.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>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?</p> <p>If Yes, explain, including credential name, limitations or restrictions, and time period.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION B – OTHER REQUIRED INFORMATION

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?</p> <p>If Yes, explain, including when and where it happened.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?</p> <p>If Yes, explain, including when and where it happened and the reason.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?</p> <p>If Yes, indicate the year of discharge: _____</p> <p>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>4. Have you resided outside of Wisconsin in the last three (3) years?</p> <p>If Yes, list each state and the dates you resided there.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?</p> <p>If Yes, list each state and the dates you resided there.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>6. Have you had a caregiver background check done within the last four (4) years?</p> <p>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.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>7. 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?</p> <p>If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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