

**BACKGROUND INFORMATION DISCLOSURE (BID)**

This form is required under the provisions of Wis. Stat. § 48.685 AND Wis. Admin. Code § DCF 12.03. Pursuant to Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03, this form must be completed prior to licensure, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license; or denial or termination of your employment or contract.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

**PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.**

**Check the box that applies to you.**

- Current or Prospective Employee / Contractor
- Non-Client Resident (10 years of age and older)
- Applicant for a license (including continuation or renewal)
- Other – Specify:

Name - (First and Middle)	Name-(Last)	Position Title (If applicable)			
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M/F)
Race		Social Security Number(s)			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown			
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> White				
Home Address			City	State	Zip Code
Name and address of Potential Employer or Licensing Agency.					

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance?  ➤ If Yes, list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever adjudicated delinquent by a court of law, including tribal court, before your 18 <sup>th</sup> birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance?  ➤ If Yes, list each crime or offense, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)?  ➤ If Yes, provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry?</p> <p>➤ If <b>Yes</b>, explain, including the location, reason for registration and length of time required to be registered.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency?</p> <p>➤ If <b>Yes</b>, explain and provide the name of the agency conducting the investigation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened and the name of the agency that made the finding.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. 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 <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. 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 <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
<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 <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<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 <b>Yes</b>, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the U.S. 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 3 years.</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
4. Have you resided outside of Wisconsin in the last 5 years? ➤ If <b>Yes</b> , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a caregiver background check done within the last 4 years? ➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families , a county department, a private child placing agency, school board or tribe? ➤ If <b>Yes</b> , list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

<b>SIGNATURE</b>	Date Signed
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By signing this waiver agreement it is my intent to authorize dissemination of such criminal history record information that may pertain to me to the agency for agency purposes including but not limited to foster parent licensing, placement, or involvement with a minor/adult.

If you have undergone a background check by an agency that has received a criminal record from CIB, you may ask the agency to provide you with a copy of the criminal record. You may also request a copy of your adult criminal record from the Crime Information Bureau, P.O. Box 2718, Madison, WI 53701-2718 or go to <https://recordcheck.doj.wi.gov/> .

<b>FOR OFFICE USE ONLY</b>	
COMPLETED BY: DOJ/IBIS SORP CAN - SACWIS DOT CCAP SACWIS <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD <input type="checkbox"/> PROVIDER LUNA <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD	LAW ENFORCEMENT AGENCY: <input type="checkbox"/> RECORD ATTACHED <input type="checkbox"/> NO RECORD <hr/> SIGNATURE _____ DATE _____