

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. **NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

### CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

### THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

### PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

### BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. 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. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

**PLEASE PRINT YOUR ANSWERS.**

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

- Employee / Contractor (including new applicant)                       Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal)                       Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	
Race <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		Social Security Number(s)		
Home Address		City	State	Zip Code
Business Name and Address - Employer or Care Provider (Entity)				

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, local, military and tribal courts? ➤ If <b>Yes</b> , 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 judgement 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 found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If <b>Yes</b> , list each crime, 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. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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? ➤ If <b>Yes</b> , explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
3. 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 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 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, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If <b>Yes</b> , list the review date and the review result. You may be asked to provide 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 and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<b>PRINT NAME</b> – Required Individual	Date Submitted
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**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence  
Bureau of Milwaukee Child Welfare

**Kinship Relationship Verification**

This document serves to verify the kinship relationship of the caregiver and child(ren) who have been placed in the caregiver's home.

Name of Caregiver: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

"Relative" means a step-parent, brother, sister, step-brother, step-sister, half-brother, half-sister, brother-in-law, sister-in-law, first cousin, 2nd cousin, nephew, niece, uncle, aunt, step-uncle, step-aunt, or any person of a preceding generation as denoted by the prefix of grand, great, or great-great, whether by blood, marriage, or legal adoption, or the spouse of any person named in this subsection, even if the marriage is terminated by death or divorce. For purposes of the application of s. 48.028 and the federal Indian Child Welfare Act, 25 USC 1901 to 1963, "relative" includes an extended family member, as defined in s. 48.028 (2)(am), whether by blood, marriage, or adoption, including adoption under tribal law or custom Ch. 48.02(15).Relative as defined by DCF 58 Eligibility for the Kinship Care and Long-Term Kinship Care Program, Wisconsin Administrative Code DCF 58.03(18).

I attest that the information provided above is truthful and accurate to the best of my knowledge:

Name – Parent's (PRINT)	<b>SIGNATURE</b> – Parent's	Date Signed
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Name – Relative Caregiver (PRINT)	<b>SIGNATURE</b> – Relative Caregiver	Date Signed
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Name – Agency Representative (PRINT)	<b>SIGNATURE</b> – Agency Representative	Date Signed
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If the parent is unable to sign, have another relative sign below confirming the relationship between the caregiver and child(ren) as listed above.

Name – Other Relative (PRINT)	<b>SIGNATURE</b> – Other Relative	Date Signed
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Routing – Send completed form to:  
Integrated Family Services: Child Specific Resource Specialist  
Children's Hospital of Wisconsin Community Services: Designated Intake Specialist

Filing: Scan to eWiSACWIS Provider tab

## Kinship Care Payment Application

**Use of form:** Use of this form is voluntary; however its completion meets the requirements of s.48.57(3m) of the Wisconsin Statutes. Personally identifiable information collected on this form is confidential and will be used for identification and determination of eligibility for a payment only. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

### I. RELATIVE CAREGIVER

Name – Relative Caregiver (Last, First, MI)		Is Relative Caregiver a Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?		
Name – Relative Caregiver (Last, First, MI)		Is Relative Caregiver a Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how long?		
Address – Street	City	State	Zip Code	Telephone Number – Home

### II. PRIMARY RELATIVE CAREGIVER

Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Hispanic or Latino / Latina <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnicity (Check at least one box and may check up to three boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Asian                              |
| <input type="checkbox"/> Black / African-American         | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other                              |

Household Type

- |   |   |
|---|---|
| <input type="checkbox"/> Single female                        | <input type="checkbox"/> Single male with unrelated partner |
| <input type="checkbox"/> Single female with unrelated partner | <input type="checkbox"/> Married couple                     |
| <input type="checkbox"/> Single male                          | <input type="checkbox"/> Other                              |

Marital Status

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Single – never married    | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married – living together | <input type="checkbox"/> Widowed  |
| <input type="checkbox"/> Married – but separated   |                                   |

Educational Level

\_\_\_\_\_ Enter one of the following two digit codes.

- |          |  |
|----------|--|
| 01 to 11 | Grade level completed in primary / secondary school. Enter last grade completed. |
| 12       | High school diploma, GED or National External Diploma Program                    |
| 13       | Awarded Associate's Degree   |
| 14       | Awarded Bachelor's Degree  |
| 15       | Awarded Graduate Degree (Master's or higher)                                     |
| 16       | Other credentials (degree, certificate, diploma, etc.)                           |
| 98       | No formal education  |

Employment Status

- |  |
|--|
| <input type="checkbox"/> Employed  |
| <input type="checkbox"/> Unemployed  |
| <input type="checkbox"/> Not in labor force (unemployed / not looking for work, retired, disabled, etc.) |

### III. MINOR RELATIVE

Name – Minor Relative (Last, First, MI)	Birthdate (mm/dd/yyyy)	Social Security Number
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Ethnicity (Check at least one box and may check up to three boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Asian                              |
| <input type="checkbox"/> Black / African-American         | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other                              |

Relationship to Caregiver	Date – Began Living with Relative Caregiver
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Name – Minor Relative (Last, First, MI)	Birthdate (mm/dd/yyyy)	Social Security Number
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Ethnicity (Check at least one box and may check up to three boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Asian                              |
| <input type="checkbox"/> Black / African-American         | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other                              |

Relationship to Caregiver	Date – Began Living with Relative Caregiver
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**IV. PARENT OF MINOR RELATIVE**

Name – Parent of Minor Relative	Birthdate (mm/dd/yyyy)	Telephone Number – Home
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Address – Street	City	State	Zip Code
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Name – Parent of Minor Relative	Birthdate (mm/dd/yyyy)	Telephone Number – Home
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Address – Street	City	State	Zip Code
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**V. OTHER ADULT MEMBERS IN THE HOUSEHOLD**

1. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
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Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?
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2. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
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Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?
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3. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
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Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?
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4. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
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Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?
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5. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
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Relationship to Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?
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**VI. EMPLOYEES OF CAREGIVER RELATIVE WHO WOULD HAVE REGULAR CONTACT WITH CHILD**

1. Name	Birthdate (mm/dd/yyyy)	Telephone Number – Home
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Address – Street	City	State	Zip Code
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<input type="checkbox"/> Yes <input type="checkbox"/> No Wisconsin resident? If "Yes", for how long?
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**VI. Employees of Caregiver Relative who Would Have Regular Contact With Child (continued)**

2. Name		Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street		City	State	Zip Code

Yes  No Wisconsin resident? If "Yes", for how long?

3. Name		Birthdate (mm/dd/yyyy)	Telephone Number – Home	
Address – Street		City	State	Zip Code

Yes  No Wisconsin resident? If "Yes", for how long?

**VII. CONFIRMATION**

I, the undersigned Relative Caregiver, attest to the following:

- Neither I, any other adult resident of this household nor any employee who would have regular contact with the minor relative identified above, have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
- I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
- I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves our home.
- I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.
- I will cooperate with the agency in this application process and the annual review process, including applying for any other financial assistance programs for which the minor relative identified above may be eligible.

<b>SIGNATURE</b> – Relative Caregiver	Date Signed
<b>SIGNATURE</b> – Relative Caregiver	Date Signed