

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

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
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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
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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), 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? Yes No
If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.
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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
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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
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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
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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

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 **Yes**, explain, including when and where it happened. Yes No
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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 **Yes**, explain, including when and where it happened and the reason. Yes No
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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 three (3) years. Yes No
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4. 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

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? Yes No

 If **Yes**, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes No

 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.

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? Yes No

 If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

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
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