

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of 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, this form must be completed prior to licensure, certification, 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 certification; denial or termination of your employment or contract; or denial or revocation of the license or certification for a child care center location at which you reside.

Providing your social security number (SSN) is voluntary; not providing it could result in an information processing delay. 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.

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| <input type="checkbox"/> Current or Prospective Employee / Contractor
<input type="checkbox"/> Applicant for a license or certification (including continuation or renewal) | <input type="checkbox"/> Household member / lives on premises – but not a client (anyone 12 years of age and over).
<input type="checkbox"/> Other – Specify: |
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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 <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
Name and address of Potential Employer, Licensing Agency, Certifying Agency, or the child care center at which you reside or will reside.				

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, on or after your 12 th birthday and before your 18 th 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"/>
4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry? ➤ If Yes , explain, including the location, reason for registration and length of time required to be registered.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency? ➤ If Yes , explain and provide the name of the agency conducting the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child? ➤ If Yes , explain, including when and where it happened and the name of the agency that made the finding.	<input type="checkbox"/>	<input type="checkbox"/>
7. 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.	<input type="checkbox"/>	<input type="checkbox"/>
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? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
9. 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.	<input type="checkbox"/>	<input type="checkbox"/>
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? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
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.	<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 Yes , 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 U.S. 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 5 years? ➤ If Yes , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
5. Have you had a caregiver background check done within the last 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.	<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 Yes , 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.

SIGNATURE	Date Signed
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