



BACKGROUND INFORMATION DISCLOSURE FORM

LAKESHORE
TECHNICAL COLLEGE

Please follow the directions below to ensure your Background Information Disclosure (BID) Form can be processed.

- **Fill in the Background Information Disclosure Form (attached below)**
 - Complete the top section with your personal information
 - Answer all questions by checking yes or no
 - For all questions checked yes, enter explanations
 - E-Sign, initial, and date BID form

- **Fill in the Self-Reporting Requirements Form (attached below)**
 - E-Sign and date Self-Reporting form

Please note: If you have resided outside the State of Wisconsin within the last 3 years, the Wisconsin Statutes require us to conduct an out-of-state background check. Additional out of state processing fees and paperwork may be required to complete the out of state background check. We will notify you if additional information is needed.



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BACKGROUND INFORMATION DISCLOSURE FORM

Overview: The Wisconsin Caregiver Program responds to the potential for physical, emotional, and financial abuse of vulnerable citizens by person entrusted to provide care. The Caregiver Law intends to protect persons from physical harm and misappropriation of property. The Lakeshore Technical College District is subject to the requirements of the Wisconsin Caregiver Program. In addition, the Lakeshore Technical College District has a public interest obligation to assure that all students, engaged in a clinical practice and law enforcement tactical programs, may be safely permitted to have contact with patients and children in a caregiver role, as well as contact with tactical equipment.

Sections 48.685 and 50.065 of the Wisconsin Statutes require all students to complete a background check before participating in a clinical or practicum requirement that involves contact with patients or children in a caregiver role. A background check is also required for law enforcement employment certification, admission to the Law Enforcement Academy, and as a pre-condition to forms of tactical training. In conformance with applicable law, the Lakeshore Technical College District will collaborate with local health care, childcare, and law enforcement agencies to closely examine the results of background information disclosures. Pending charges and convictions may disqualify students from specific course work and programs for the reasons set forth above.

Section A.1. of the Background Information Disclosure form requires you to disclose all pending charges and convictions. This includes pending charges, as well as conviction of a felony, misdemeanor, or municipal ordinance violation, in any court, including all military courts, or a tribal court.

If you are uncertain as to whether a pending charge or conviction is covered, disclose it. Convictions and pending charges are reviewed on an individual basis with respect to impact upon admission to particular programs. Failure to disclose a charge or conviction will prevent program admission or result in dismissal proceedings, as appropriate, subject to program requirements. All convictions and pending charges are examined, with final decisions based on the specific nature and circumstances of each charge or conviction, and the correlation to clinical, practicum, and tactical programs.

- Procedure:**
1. Students are required to complete the Background Information Disclosure form and a Self-Reporting Requirement form.
 2. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
 3. The forms are transmitted and processed with the Department of Justice Crime Information Bureau and the Department of Health Services, as applicable, to identify or confirm the existence or absences of a record of previous conviction(s) or pending charges. In addition, the Wisconsin Circuit Court database (<http://wcca.wicourts.gov>) is accessed to identify or confirm the existence or absence of a record of previous conviction(s) or pending charges. A check with the Office of Inspector General and the Excluded Parties List System is done as well for anyone going into a health or EMS program area.
 4. If a record of convictions or pending charges exists, Lakeshore Technical College officials will conduct a review in conjunction with area health care facilities and law enforcement agencies, participating in College programs, to make a determination on whether the student may be placed in a clinical or tactical program. If placement is not immediately authorized, alternatives may be identified. Decisions will conform to the applicable provisions of the Wisconsin Statutes and the Wisconsin Administrative Code, Chapter HFS12.
 5. Students will be afforded an opportunity to respond to admission and placement decisions that are based upon the results of the Background Information Disclosure process.

The completed Background Information Disclosure forms and records may be duplicated and distributed to clinical, tactical, and Lakeshore Technical College program officials for the purpose of evaluation and determination of student status.

Further information may be obtained by contacting an LTC Admissions at admissions@gotoltc.edu or 920.693.1162.

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS: INSTRUCTIONS

PURPOSE

- The *Background Information Disclosure for Employees and Contractors* (form F-82064) gathers information required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for entities to conduct [caregiver background checks](#) for prospective and existing employees and contractors. This form may also be used by entities to conduct background checks for students and volunteers that are expected to have regular and direct contact with clients.
 - **NOTE:** Form F-82064 should not be used by applicants for *entity operator approval* or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.
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CAREGIVER BACKGROUND CHECK LAW

[Entities](#) must conduct background checks to verify initial and renewal eligibility of employees and contractors to serve as [caregivers](#). Pursuant to Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, an entity may not employ or contract with an individual to serve as a “caregiver,” if the individual has certain governmental findings or criminal convictions affecting eligibility. See [Offenses Affecting Eligibility for Employment or Contract in Roles with Client Contact](#).

APPLICATION

Caregiver Background Checks are required for prospective and existing employees and contractors of entities. The term [entity](#) includes, but is not limited to:

- Adult Day Care Centers
 - Adult Family Homes
 - Alcohol and Other Drug Abuse Treatment Programs
 - Ambulance Service Providers
 - AODA Services
 - Community Based-Residential Facilities
 - Community Mental Health Programs
 - Community Support Programs
 - Comprehensive Community Services
 - Corporate Guardianships
 - Facilities Serving People with Developmental Disabilities
 - Emergency Mental Health Service Programs
 - Home Health Agencies
 - Hospices
 - Hospitals
 - Mental Health Day Treatment Services for Children
 - Nursing Homes
 - Outpatient Mental Health Clinics
 - Personal Care Agencies
 - Residential Care Apartment Complexes
 - Rural Medical Centers
 - Youth Crisis Stabilization Facilities
 - Programs regulated by ch. DHS 75
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FAIR EMPLOYMENT ACT & ELIGIBILITY REQUIREMENTS

Wisconsin Stat. §§ 111.31 – 111.395, 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. In addition, Wisconsin law establishes conditions of eligibility for employment or contract to work in roles with regular and direct client/patient contact.

Wis. Stat. § 50.065(4m)(b) reads:

Notwithstanding s. 111.335, and except as provided in sub. (5), an entity may not employ or contract with a caregiver or permit to reside at the entity a nonclient resident, if the entity knows or should have known any of the following:

1. That the person has been convicted of a serious crime.
2. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.
3. That a final determination has been made under s. 48.981 (3) (c) 5m. or, if a contested case hearing is held on such a determination, a final decision has been made under s. 48.981 (3) (c) 5p. that the person has abused or neglected a child.
4. That, in the case of a position for which the person must be credentialed by the department of safety and professional services, the person’s credential is not current or is limited so as to restrict the person from providing adequate care to a client.

See [Offenses Affecting Eligibility for guidance](#).

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Reset

Check the box that applies to you.

- Applicant / Employee Student / Volunteer
 Contractor Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
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Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Address	City	State	Zip Code
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Business Name and Address – Employer (Entity)

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

- 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
- 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
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect? Yes No

Provide an explanation below, including when and where the incident(s) occurred.
- Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**? Yes No

If **Yes**, explain, including when and where it happened.

- 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

- 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

- 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

- 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

- 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

- 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?
If **Yes**, list each state and the dates you resided there. Yes No

- 6. Have you had a caregiver background check done within the last four (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. Yes No

- 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?
If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision. Yes No

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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TECHNICAL COLLEGE

SELF-REPORTING REQUIREMENTS FORM

I understand that my enrollment in required practicum/clinical/tactical programs, is conditioned upon a clearance following review of my background information disclosure and confirmation of the accuracy of the information through the Wisconsin Department of Justice.

I understand that from the time I complete the Background Information Disclosure form until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state, or federal law, I must report this to my **Lakeshore Technical College Program Dean within one (1) school day.**

I understand and acknowledge that the result of the background check and any subsequent investigation, charge or conviction may cause me to be barred or suspended from practicum, clinical, and tactical programs.

I also understand and acknowledge that this may delay or prevent my graduation from the program, as well as delay or prevent my receiving applicable certification or licensure.

I am further informed and understand that my failure to report any required information will prevent enrollment in practicum/clinical/tactical programs and result in dismissal proceedings.

I understand that a further background check will be conducted prior to my enrollment in any clinical or tactical program.

I also understand that after the initial background check, Lakeshore Technical College may conduct a new background inquiry at any time the Program Dean has reason to believe that a further background check should be conducted.

I am finally informed and understand that all background checks are obtained at the expense of the student.

Name: _____

Social Security Number: _____

Signature: _____

Date: _____