



LAKESHORE
TECHNICAL COLLEGE

BACKGROUND INFORMATION DISCLOSURE FORM

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 and date BID form

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

- **Submit the non-refundable processing fee of \$20, payment options:**
 - Mastercard or Visa: call by phone 920.693.1366
 - Cash, Check, or Money Order: made payable to Lakeshore Technical College

- **Mail in/drop off in person any discharge papers or payment if applicable**
 - LTC
Attn: Enrollment Services
1290 North Ave
Cleveland, WI 53015

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. A processing fee of \$20, payable to Lakeshore Technical College, must accompany the forms. Processing will not be completed without the fee. 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) 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 facility regulated by the Division of Quality Assurance (DQA), complete the *BID*, [F-82064](#), and the *BID Appendix*, [F-82069](#), and submit both forms to the address noted in the *BID Appendix Instructions*.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Wis. Stat. § 50.065, 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. 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 <https://www.dhs.wisconsin.gov/caregiver/statutes.htm>.

The Caregiver Law covers the following EMPLOYERS / CARE PROVIDERS (aka ENTITIES) regulated under Wis. Stat. §§ 50, 51, and 146:

- Adult Family Homes (3-4 Bed)
- Ambulance Service Providers
- AODA Services
- Community Based-Residential Facilities
- Community Mental Health Programs
- Community Support Programs (CSP)
- Developmental Disabilities
- Emergency Mental Health Service Programs
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Home Health Agencies, including those that provide personal care services
- Hospices
- Hospitals
- Mental Health Day Treatment Services for Children
- Nursing Homes
- Residential Care Apartment Complexes
- Rural Medical Centers

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. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("non-client resident").
- Anyone who is licensed by DHS.
- Anyone certified by DHS.
- 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, Wis. 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.

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)

- **PENALTY:** Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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 DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- | | |
|--|--|
| <input type="checkbox"/> Employee / Contractor (including new applicant) | <input type="checkbox"/> Household member (lives on premises, but is not a client) |
| <input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Other – Specify: _____ |

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

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

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

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

- 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
<input type="checkbox"/>	<input type="checkbox"/>

- 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
<input type="checkbox"/>	<input type="checkbox"/>

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.

4. 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?

Yes No

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

6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?

Yes No

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

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?

Yes No

If **Yes**, explain, including credential name, limitations or restrictions, and time period.

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? Yes No
If **Yes**, explain, including when and where it happened.
-
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? Yes No
If **Yes**, explain, including when and where it happened and the reason.
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3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No
If **Yes**, indicate the year of discharge: _____
Attach a copy of your DD214, if you were discharged within the last three (3) years.
-
4. Have you resided outside of Wisconsin in the last three (3) years? Yes No
If **Yes**, list each state and the dates you resided there.
-
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



SELF-REPORTING REQUIREMENTS FORM

LAKESHORE
TECHNICAL COLLEGE

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: _____