

BACKGROUND INFORMATION DISCLOSURE INFORMATION

Overview: The Wisconsin Caregiver Program responds to the potential for physical, emotional and financial abuse of vulnerable citizens by persons who are entrusted to provide care. The Caregiver Law is intended 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 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 College District will collaborate with local health care, child care 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. A Self-Reporting Requirement form is also completed with a copy retained by the student.
 2. **A processing fee of \$20, payable to Lakeshore Technical College must accompany the forms.** Processing will not be completed without the fee. Forms must be returned within ten calendar days. Social security number must be provided in order to process.
 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 absence 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 applicable provisions of the Wisconsin Statutes and Wisconsin Administrative Code, Chapter HFS12.
 5. Students will be afforded an opportunity to respond to admission and placement decisions which 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 Career Coach at careercoach@gotoltc.edu or 920.693.1162.

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

- **PRINT and MAIL in the Background Information Disclosure Form (attached below)**
 - Complete the top section with your personal information
 - Answer questions 1-13 checked yes or no and or explanations
 - Sign and date BID form
- **PRINT and MAIL in the Self-Reporting Requirements Form (attached below)**
- **Submit processing fee of \$20 paid by cash or check (made payable to LTC)**
- **Mail in any discharge papers if applicable**

**Please send BID form, Self-Reporting form and the \$20 fee to:
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.**

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"/>

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
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"/>
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"/>

Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
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"/>
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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Self-Reporting Requirements

I understand that my enrollment in required practicum/clinical/tactical programs, is conditioned upon a clearance following review of my background disclosure information 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: _____

(Must be provided in order to process the BID)

Signature: _____

Date: _____