

## INSTRUCTIONS FOR CAREGIVER BACKGROUND CHECK

On October 1, 1998, the new Caregiver Law was enacted in Wisconsin by the Department of Health and Family Services. Background checks are required for students who will be completing internships or clinical training. In order for students to have access to providers, all students in required programs must complete a background check.

### 1. BACKGROUND INFORMATION

**DISCLOSURE FORM** –Please use ink and print legibly.

- a. **Provide your full name(s), address, birth date, gender, ethnic group, and Social Security number.**
- b. Any differences between your Background Information Disclosure form and the State report we receive may result in denial of clinical site access. The clinical site must follow regulatory statutes and has final authority for this decision. Clinical sites look for integrity when answering this question. (*Section A, No. 1: If you have ever been convicted or have any charges pending, answer YES and provide a written explanation.*)
- c. **If discharged from the service within 3 years, provide a copy of discharge papers (DD214).**
- d. If you have resided outside the State of Wisconsin within the last 3 years, answer YES and list state(s) to Section B, No. 4. *Please contact the CBC desk and the applicable state forms will be mailed or emailed to you to obtain an out-of-state background check.*

### 2. RECORDS CHECK RELEASE FORM

- a. The student **must sign this form; include** name of program, campus location of program & student ID.

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CBC Desk: All questions please call (920) 491-2625 or 800-422-6982 ext. 2625.

Email: [cbc@nwtc.edu](mailto:cbc@nwtc.edu). Additional information on the DHFS' Caregiver Law can be obtained at their website: [www.dhfs.state.wi.us](http://www.dhfs.state.wi.us).

### 3. CHOOSE (1) PAYMENT OPTION

<input type="checkbox"/> WI Criminal Background Check (CBC) Fee. (Over 18YO)	\$30.00 each
<input type="checkbox"/> CBC Card Fee (If under 18 years old)	\$5.00 each
<input type="checkbox"/> CBC forms supplied by student or outside agency. (This includes the BID, Records Release and WI Dept. of Justice and Dept. of Health Services reports ran within the past six months.)	\$10.00 each
<input type="checkbox"/> CBC Replacement Card Fee (i.e.: lost card) Contact CBC desk to verify.	\$15.00 each

- a. **Payable to NWTC** in the form of a personal check, money order, or charge/debit account information. Forms and payments can also be collected at the Student Center.
- b. Third Party Funding (i.e.: WIA, Workforce Development, etc.) provide a copy of the Authorization to Bill.

Please note: The attached CBC forms and payment are NOT required if you have a valid NWTC Caregiver Background Check Verification "Green Card". This note does not apply to the Early Childhood Program. Early Childhood Program NWTC CBC Purple cards are only valid for 1 year.

❖ Green CBC Card expires 4 years from date of issue.

**If there are restrictions on back of card please contact the CBC desk at 920-491-2625 / email cbc@nwtc.edu.**

**ANY DELAY IN RETURNING THE COMPLETED FORMS MAY IMPACT YOUR CLINICAL SITE ACCESS.**

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Return forms and payment to:

**NWTC  
Attn: Enrollment Serv. – CBC  
P.O. Box 19042  
Green Bay, WI 54307-9042**

**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. 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 the instructions (F-82064A) on page 1 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.

**PLEASE PRINT YOUR ANSWERS.**

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)                       Household member / lives on premises - but not a client  
 Applicant for a license or certification or registration (including continuation or renewal)                       Other – Specify:

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

Name – (First and Middle)		Name – (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>					Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)						

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, local, military and tribal courts? ➤ If <b>Yes</b> , 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If <b>Yes</b> , list each crime, 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.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If <b>Yes</b> , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.		

(continued on next page)

<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , 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? ➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.		
<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , 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? ➤ If <b>Yes</b> , explain, including when and where it happened and the reason.		
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 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. 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 <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision.		

**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 and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
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# RECORDS CHECK RELEASE FORM

I, \_\_\_\_\_, authorize Northeast Wisconsin Technical College (the "College") to investigate my background and criminal history. Such investigation may include the College obtaining and retaining some or all of the following:

1. A Wisconsin Department of Justice criminal records check;
2. Information maintained by the Department of Regulation and Licensing regarding the status of my credentials, if applicable;
3. Information maintained by the Department of Health and Family Services regarding whether there are any substantiated reports of child abuse or neglect against me;
4. A criminal records search from the Federal Department of Justice or the Federal Bureau of Investigation;
5. A criminal records check from any state or Indian Reservation where I have previously resided.

I also agree to complete and provide the College with a "Background Information Disclosure" form.

I understand that it may be necessary for the College to disclose such information to each field/clinical affiliation site where I may be required to go for educational purposes as part of my educational program.

I understand that omitting or falsifying information on the Background Information Disclosure form is a felony. The findings from my criminal and background history search, along with the aforementioned, can result in denial of the clinical experience by the health care agency and/or dismissal from the class/program.

I authorize the College to release to College personnel and to any and all field/clinical affiliation sites in which I may be placed, the results of my criminal and background history search as detailed above. I understand that such field/clinical affiliation sites will review such background information and may determine that I shall not have access to their patients based on my criminal and/or background history.

**DISCLOSURE:** I understand that the Wisconsin Caregiver Law requires that I inform Northeast Wisconsin Technical College's Health Science Department (920-498-5543) of any new charges, arrests, or convictions that occur since I have signed this document and the State of Wisconsin Background Information Disclosure Form (HFS-64). Notice must be given within 5 business days of the occurrence.

I have been informed about the reason for this records check and have received information about how to access the Informational Memorandum 97-4, Wisconsin Legislative Council Staff which details the explanation of the law requiring such background and criminal history checks. For more information visit their web site [www.dhfs.state.wi.us](http://www.dhfs.state.wi.us).

I hereby release the College and its employees, agents, officers, and directors from any claim or liability arising from or relating to the College's actions in obtaining my criminal/background history and the disclosure of the same to others, including field/clinical facilities, where I may need to go as part of my educational program at the College.

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**Student Signature**

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**Date**

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**Student ID #**

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**Name of Program**

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**Campus Location of Program**