

Why is my BID rejected?

** Be sure to complete ALL fields and questions

** See below for commonly missed items

ALL highlighted areas must be completed!

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 – First

Middle

Last

Other Names (including prior to marriage)

Position Title (applied for or existing)

Birth Date (MM/DD/YYYY)

Sex

☐ Male ☐ Female

Home Address

City

State

Zip Code

Business Name and Address – Employer (Entity)

SECTION A – DISCLOSURES

1. 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
☐ ☐

2. 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
☐ ☐

3. 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.

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.

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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?

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?
If Yes , explain, including when and where it happened. | Yes
<input type="checkbox"/> | No
<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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input type="checkbox"/> |

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**

- If ANY required items are not filled out, the BID will not be accepted by Viewpoint Screening.
- BID Reorders are necessary to resubmit another BID and complete the background check process.
 - BID Reorder fee = \$5.
- Check your junk or spam email as the message from Viewpoint may go there instead of your inbox.
- Be sure you have the BID Reorder link if needed and DO NOT order a Background Check Recheck as this carries a higher fee and is not the product needed to complete your background check.
- Reach out to cbc@nwtc.edu with any questions or to request the BID Reorder Link.