

## 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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Applicant / Employee | <input type="checkbox"/> Student / Volunteer |
| <input type="checkbox"/> Contractor           | <input type="checkbox"/> 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>	Middle	Last
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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**

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?  
Provide an explanation below, including when and where the incident(s) occurred.

Yes    No  
   

4. 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.

Yes    No

- |   |   |  |
|---|---|--|
| <p>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?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>     | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an <b>elderly person</b>?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**SECTION B – OTHER REQUIRED INFORMATION**

- |   |   |  |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, explain, including when and where it happened and the reason.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br/>If <b>Yes</b>, indicate the year of discharge:<br/>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?<br/>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.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**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.

<p><b>NAME</b> – Person Completing This Form</p>	<p>Date Submitted</p>
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**BACKGROUND INFORMATION DISCLOSURE ADDENDUM—IRIS**

**INSTRUCTIONS:** 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 termination of your employment.

Personally identifiable information on this form is collected to verify your identity and that the form is complete.

**SECTION I – APPLICANT INFORMATION**

Name – (Last, First, MI)	Date of Birth
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Please list all the cities and states in which you have lived in the past three years, and the name by which you were known (if different from your name now). Please indicate the number of years you lived there.

Address – (Address, City, State, Zip Code)	Years at Residence	Any Other Names By Which You Have Been Known (Including Maiden Name)

**SECTION II – ADDITIONAL APPLICANT INFORMATION**

Completion of this section is only required for applicants who have lived outside the state of Wisconsin in the past three years.

Current Address	City	State	Zip Code	County
Previous Address	City	State	Zip Code	County
Previous Address	City	State	Zip Code	County
Previous Address	City	State	Zip Code	County
Mother's Maiden Name	Mother's Current Name – (Last, First, MI)			
Father's Name – (Last, First, MI)				

I acknowledge that the information on this form is accurate to the best of my knowledge. By signing below, I agree to have a background check run.

I further acknowledge that an out-of-state background check may increase processing time, if applicable.

<b>SIGNATURE</b> – Applicant	Date Signed
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# STATUS CHANGE FORM

Name: \_\_\_\_\_ Effective Date: \_\_\_ / \_\_\_ / \_\_\_

Last 4 Digits of SSN: \_\_\_\_\_  
(Participant-hired Worker only)

Participant's Name: \_\_\_\_\_  
(Not required for vendor)

**Instructions:** After completing the section above in full, complete *ONLY* the updated sections below then sign and date. Please submit the completed form to **Premier Financial Management Services** via one of the following options:

**Mail:**  
PO Box 26001  
Milwaukee, WI 53226

**Drop Off:**  
10425 W North Ave.  
Suite 345  
Milwaukee, WI 53226

**Email:**  
HR@premier-fms.com

**Fax:**  
1-888-551-5286

### SECTION 1

Vendors, please submit a new W-9 when requesting a name change.

New Name: \_\_\_\_\_ Address: \_\_\_\_\_

Workers changing name will need to include documentation, such as a copy of: social security card, marriage certificate, divorce certificate, or court order of name change.

### SECTION 2

Live-in workers, please use Relationship Form.

New  Add

### SECTION 3

Phone Number: \_\_\_\_\_ New Email: \_\_\_\_\_

New  Add  New  Add

### SECTION 5

Last day worked: \_\_\_ / \_\_\_ / \_\_\_ Termination Reason: \_\_\_\_\_  
(Optional)

Re-hire Date: \_\_\_ / \_\_\_ / \_\_\_

Participant-hired Worker Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_