

BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX INSTRUCTIONS

For License Holders and Non Client Residents in Division of Quality Assurance Regulated Facilities

This Background Information Disclosure (BID) Appendix gathers information for Division of Quality Assurance (DQA) regulated facilities. Complete and return this BID Appendix with your BID (F-82064) each time the forms are requested by DQA.

If you have questions, contact the DQA Office of Caregiver Quality at DHSCaregiverIntake@wi.gov.

SECTION 1 – REQUIRED INDIVIDUALS. Check the most appropriate box in Section 1.

For non-governmental entities:

- **The license holder/legal representative of the entity** must submit a BID (F-82064) and BID Appendix (F-82069), whether or not you have regular, direct contact with clients. **NOTE:** If the owner is a corporation or other type of business that does not have a single owner (e.g., domestic corporation, non stock corporation, partnership, limited liability company), the organization must designate one person to legally represent the organization for the purposes of fulfilling the background check requirements.
- **Principal officers, corporation, or board members of the business organization** if they have regular, direct contact with clients.
- **Non client residents (age 10 and older) of the entity** if they have regular, direct contact with clients.

For governmental and tribal entities:

- **An individual (e.g., the entity administrator designated by the government agency or tribe)** who operates the entity must submit BID and BID Appendix forms whether or not the person has regular, direct contact with clients.
- **Non client residents (age 10 and older) of the entity** if they have regular, direct contact with clients.

SECTION 2 – PERSONAL INFORMATION. Complete all requested information.

SECTION 3 – SPECIFIC FACILITY INFORMATION. Complete the information for the specific facility that you own or legally represent, including facility name, address, license/certification/registration number (if the number appears on the facility license/certificate) and entity type code. See below.

Code	Entity Type	Code	Entity Type
34	Emergency Mental Health Service Program	88	Licensed Adult Family Home
35	Outpatient Mental Health Clinic	89	Residential Care Apartment Complex
36	Comprehensive Community Services	105	Personal Care Agency
40	Mental Health Day Treatment Services for Children	124	Hospital
61	Community Mental Health Developmental Disabilities	127	Rural Medical Center
63	Community Support Program	131	Hospice
75	AODA	132	Nursing Home
82	Certified Adult Family Home	133	Home Health Agency
83	Community Based Residential Facilities	134	Facility for the Developmentally Disabled
85	Corporate Guardians	000	Other (Specify entity type.)

4 Year Renewal Only: If you are the license holder/legal representative for multiple facilities, you may submit one BID and one BID Appendix. If you check the box in Section 3, attach a list of all DQA regulated facilities, including the specific facility name, facility address (street, city, state, zip code), facility license or certification number (if known), and facility type for each license certification or registration.

SECTION 4 – BUSINESS INFORMATION. If the license holder is a corporation or other type of business that does not have a single owner (e.g., domestic corporation, non stock corporation, partnership, limited liability company), complete the business office information.

SECTION 5 – BACKGROUND CHECK FEE. Include a \$10.00 processing fee for each person, payable to the "Division of Quality Assurance." The processing fee is required at the time of initial license application and 4 year renewal. If you are the license holder/legal representative of an existing facility and are completing an application for a new facility, you must complete the forms and pay the processing fee if you are completing an application for a new facility in a new calendar year.

SECTION B – ADDITIONAL DOCUMENTATION (Background Information Disclosure, F-82064)

- **Military Service.** If you were discharged from the US Armed Forces within the past 3 years, you must submit a copy of your military discharge papers (DD-214) with the BID and BID Appendix forms.
- **Out-of-State Residency.** If you resided outside of Wisconsin in the last 3 years, you must submit a copy of your criminal history from the other state(s) with the BID and BID Appendix forms. For more information, refer to <http://www.doj.state.wi.us/dles/cib/sclist.asp>.

Submit the completed (1) BID, (2) BID Appendix, (3) other documentation described above (if appropriate), and (4) fee to:

Division of Quality Assurance
ATTN: OCQ / Entity Background Checks
PO Box 2969
Madison, WI 53701-2969

NOTE: For the license holder/legal representative, board members, and non client residents, submit only the forms and fee to DQA.

BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX

For License Holders and Non Client Residents
in Division of Quality Assurance Regulated Facilities

DQA USE ONLY

- Initial Application
 4 Year Renewal

Completion of this BID Appendix is required under the provisions of Chapter 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration. • Refer to the attached BID Appendix 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. • Complete this BID Appendix and submit it with the completed Background Information Disclosure (F-82064) form to the address specified in the BID Appendix Instructions.

SECTION 1 – REQUIRED INDIVIDUALS (Check the most appropriate box in Section 1.)

Non Governmental Entities

- License holder/legal representative of an existing facility
 Applicant for a new facility license, certification, or registration
- Principal officer, corporation, or board member
 Non client resident (age 10 or older)

Governmental and Tribal Entities

- Entity administrator/operator
 Applicant for new facility license/certification/registration
 Non client resident (age 10 or older)

SECTION 2 – PERSONAL INFORMATION

Social Security Number	Name – First	Middle Initial	Last	
Other Names By Which You Have Been Known (including Maiden Name)			Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <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				
Street Address – Home		City	State	Zip Code

SECTION 3 – SPECIFIC FACILITY INFORMATION

Check here if a list of facilities is attached. (See instructions for more information.)

Job Title / Relationship to Facility			Telephone Number – Work	
Name – Facility		Lic./Cert./Reg. No.	Entity Type Code (Specify if "000 Other".)	
Street Address – Facility		City	State	Zip Code
Name – Facility Contact Person		Email Address – Contact Person		Telephone Number – Contact Person

SECTION 4 – BUSINESS INFORMATION

Business Name – Corporation / Organization				
Street Address – Corporation / Organization		City	State	Zip Code
Name – Contact Person for Corporation / Organization			Telephone Number – Contact Person	

SECTION 5 – BACKGROUND CHECK FEE

Fee Included

- Initial application for new facility
 License holder/legal representative of an existing facility and completing an application for a new facility in a new calendar year.
 4 year renewal for existing facility

Fee Not Included

- Existing license holder/legal representative completing an application for a new facility in the same calendar year as the last application submitted.

Read and initial the following statements.

_____ I have completed and reviewed the attached BID (F-82064) and affirm that the information is true and correct as of today's date.
_____ I understand that I must report changes, pending changes, and/or convictions to the Department within one (1) business day.

SIGNATURE – Required Individual

Date Submitted

