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| **DEPARTMENT OF HEALTH SERVICES**  **Division of Quality Assurance**  F-82069 (06/2018) | | | | | | **STATE OF WISCONSIN**  Wis. Stat. § 50.065  Page 1 of 3 | | | | | | | | | | | |
| **BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX**  **For License Holders and Non-Client Residents in DQA-Regulated Facilities** | | | | | | | | | | | | | | **DQA USE ONLY** | | | |
| Initial Application  Four-Year Renewal | | | |
| * Completion of this *BID Appendix* is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration. * Refer to DQA form F-82069A, *BID Appendix Instructions*, for additional information. | | | | | | | | | | | | | | | | | |
| **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 No. | | Name – First | | | | | | | MI | Last | | | | | | | |
| Other Names By Which You Have Been Known (including Maiden Name) | | | | | | | | | | Birth Date *(MM/dd/yyyy)* | | | | | Sex  Male  Female | | |
| Race  American Indian or Alaskan Native  Asian or Pacific Islander  Black  White  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 No. – Work | | | | | |
| Name – Facility | | | | Lic. / Cert. / Reg. No. | | | | | | | Code – Facilty Type *(If “000 Other,” specify.)* | | | | | | |
| Street Address – Facility | | | | City | | | | | | | | | State | | | | Zip Code |
| Name – Facility Contact Person | | | Email Address – Contact Person | | | | | | | | | Telephone No. – 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 No. – 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.  Four-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. | | | | | | | | | | | | | | | | |
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| **NAME** – Required Individual (as identified in Section 1) | | | | | | | | | | | | Date Submitted | | | | | |