

## BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX INSTRUCTIONS

### 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 F-82064 BID each time the forms are requested by DQA.

#### 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) form and Appendix 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), then 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 a BID form and Appendix 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 Programs	88	Licensed Adult Family Home
35	Outpatient Mental Health Clinics	89	Residential Care Apartment Complexes
36	Comprehensive Community Services	105	Personal Care Agencies
40	Mental Health Day Treatment Services for Children	124	Hospitals
61	Community Mental Health Developmental Disabilities	127	Rural Medical Centers
63	Community Support Program	131	Hospices
75	AODA	132	Nursing Homes
82	Certified Adult Family Homes	133	Home Health Agencies
83	Community Based Residential Facilities	134	Facilities for the Developmentally Disabled
85	Corporate Guardians	000	Other (Specify.)

**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 of the BID Appendix; and 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 but may omit the fee. DQA will contact you if the fee is required.

#### F-82064 SECTION B – ADDITIONAL DOCUMENTATION

- **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 BID and BID Appendix and other documentation described above, if appropriate, with the fee to:

Entity Background Checks  
Division of Quality Assurance  
P.O. Box 2969  
Madison, WI 53701-2969

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

Please contact the DQA Office of Care Giver Quality at [DHSCaregiverIntake@wi.gov](mailto:DHSCaregiverIntake@wi.gov) with any questions.

**BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX**  
**License Holders and Non Client Residents in**  
**Division of Quality Assurance Regulated Facilities**

<b>DQA USE ONLY</b> <input type="checkbox"/> Initial Application <input type="checkbox"/> 4 Year Renewal
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Completion of this 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 Appendix instructions (F-82069A) 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 Appendix instructions.

**SECTION 1 – REQUIRED INDIVIDUALS**

**Non-governmental Entities** (Check the most appropriate box.)

- |                                                                                                |                                                                         |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> License holder/legal representative of an existing facility           | <input type="checkbox"/> Principal officer, corporation or board member |
| <input type="checkbox"/> Applicant for a new facility license or certification or registration | <input type="checkbox"/> Non client resident (age 10 and older)         |

**Governmental and Tribal Entities** (Check the most appropriate box.)

- |                                                                                                |                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Entity Administrator/Operator                                         | <input type="checkbox"/> Non client resident (age 10 and older) |
| <input type="checkbox"/> Applicant for a new facility license or certification or registration |                                                                 |

**SECTION 2 – PERSONAL INFORMATION**

Social Security Number	Name - First	Name - Middle Initial	Name - Last	
Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race				
<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White (not of Hispanic Origin)		
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, or Spanish culture)	<input type="checkbox"/> Other		
Home Address	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	Work Telephone Number		
Name – Facility	License/Certification/Registration Number	Entity Type Code	
Street Address – Facility	City	State	Zip Code
Contact Person – Facility	Contact Email Address	Contact Telephone Number	

**SECTION 4 – BUSINESS INFORMATION**

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

**SECTION 5 – BACKGROUND CHECK FEE**

Fee Included: <input type="checkbox"/> Initial application for new facility <input type="checkbox"/> 4 year renewal for existing facility	Fee Not Included: <input type="checkbox"/> Existing license holder/legal representative completing an application for a new facility
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**Please 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 charges, and/or convictions to the Department within one (1) business day.

<b>SIGNATURE</b> – Required Individual	Date Signed
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