

## **ILSP PARTICIPANT ACKNOWLEDGEMENT OF NON-PROFESSIONAL IN-HOME SERVICE PROVIDER AND INDIVIDUAL PROVIDER ELIGIBILITY**

**INSTRUCTIONS:** Completion of this form is an ILSP program requirement.  
Completed forms should be submitted to the ILSP third-party administrator.

### **ILSP Program Policy:**

Non-professional in-home service providers and providers are ineligible to be paid through the ILSP program if they have been convicted of a serious crime, as defined in [Wis. Stat. § 50.065](#). This includes first or second-degree homicide, felony murder, assisting suicide, battery, physical abuse of an elder or child, abuse of individuals at risk, residents of penal facilities, neglect of patients or residents, or sexual assault.

DHS strongly recommends participants obtain a criminal and caregiver background check for all non-professional in-home service providers and individual providers before starting work. Individual providers are professionals who are not associated with an agency.

An ILSP participant can opt to have the third-party administrator initiate a background check for a provider prior to their starting work. The cost of any background checks will not be deducted from the participant's ILSP budget.

If a background check reveals a conviction for a serious crime, the service will not be approved, and the participant and provider will be notified.

If a participant chooses a provider who is ineligible to be paid through the ILSP due their criminal record, the participant may be directly responsible for any payments made to them.

Organizations are responsible for conducting background checks on their own staff. Participants are not able to request a background check for agency providers.

**Acknowledgement:**

By signing below, I acknowledge that I have reviewed and understand the ILSP program policy on provider eligibility.

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**SIGNATURE** – Participant/Guardian/POA

Date Signed

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Name – Participant/Guardian/POA (Last, First, MI)

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