

BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX INSTRUCTIONS

For License Holders and Non Client Residents in DQA-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 dhs caregiverintake@dhs.wisconsin.gov.

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

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.

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 and address; license, certification, or registration number (if the number appears on the facility license or certificate); and, code for facility type. See below.

Facility Type	Code	Facility Type	Code
Adult Family Home (AFH) – Certified	82	Hospice	131
Adult Family Home (AFH) – Licensed	88	Hospital	124
Community Substance Abuse Services (CSAS)	75	Mental Health Day Treatment Services for Children	40
Community-Based Residential Facilities (CBRF)	83	Nursing Home	132
Community Mental Health and Developmental Disabilities	61	Outpatient Mental Health Clinic	35
Community Support Program (CSP) – Chronically Mentally Ill	63	Pain Clinic	50
Comprehensive Community Services (CCS)	36	Personal Care Agency (PCA)	105
Corporate Guardianship	85	Residential Care Apartment Complex (RCAC)	89
Emergency Mental Health Services Program	34	Rural Medical Center	127
Facility Serving People w/Developmental Disabilities (FDD)	134	Other (<i>Specify facility type.</i>)	000
Home Health Agency (HHA)	133		

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, certification, or registration 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 three 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 three years, you must submit a copy of your criminal history from the other state(s) with the BID and BID Appendix forms. To obtain out-of-state background check information, search online for the departments of justice in other states and follow their instructions.

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 DQA-Regulated Facilities

DQA USE ONLY

- Initial Application
 4 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 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 form (F-82064) 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 Principal officer, corporation, or board member
 Applicant for a new facility license, certification, or registration 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 <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 No. – Work		
Name – Facility		Lic. / Cert. / Reg. No.	Code – Facility 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.
 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
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