BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX INSTRUCTIONS

For License Holders and Non-Client Residents in Facilities Regulated by the Division of Quality Assurance (DQA)

- The Background Information Disclosure (BID) Appendix gathers information for DQA-regulated facilities. Complete and return the BID Appendix (form F-82069) with your BID (form F-82064) each time the forms are requested by DQA.
- DQA forms are available online at: https://www.dhs.wisconsin.gov/forms/index.htm
- If you have questions, contact the DQA Office of Caregiver Quality at dhscaregiverintake@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 and BID 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), 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. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

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.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Code</th>
<th>Facility Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Family Home (AFH) – Certified</td>
<td>82</td>
<td>Hospice</td>
<td>131</td>
</tr>
<tr>
<td>Adult Family Home (AFH) – Licensed</td>
<td>88</td>
<td>Hospital</td>
<td>124</td>
</tr>
<tr>
<td>Community Substance Abuse Services (CSAS)</td>
<td>75</td>
<td>Mental Hlth Day Treatment Svrcs for Children</td>
<td>40</td>
</tr>
<tr>
<td>Community-Based Residential Facilities (CBRF)</td>
<td>83</td>
<td>Nursing Home</td>
<td>132</td>
</tr>
<tr>
<td>Community Mental Health and Developmental Disabilities</td>
<td>61</td>
<td>Outpatient Mental Health Clinic</td>
<td>35</td>
</tr>
<tr>
<td>Community Support Program (CSP) – Chronically Mentally III</td>
<td>63</td>
<td>Pain Clinic</td>
<td>50</td>
</tr>
<tr>
<td>Comprehensive Community Services (CCS)</td>
<td>36</td>
<td>Personal Care Agency (PCA)</td>
<td>105</td>
</tr>
<tr>
<td>Corporate Guardianship</td>
<td>85</td>
<td>Residential Care Apartment Complex (RCAC)</td>
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</tr>
<tr>
<td>Emergency Mental Health Services Program</td>
<td>34</td>
<td>Rural Medical Center</td>
<td>127</td>
</tr>
<tr>
<td>Intermediate Care Facility/Individuals with Intellectual Disabil.</td>
<td>134</td>
<td>Other (Specify facility type.)</td>
<td>000</td>
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<tr>
<td>Home Health Agency (HHA)</td>
<td>133</td>
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Four-Year Renewal Only. There are two methods of submitting information for the four-year renewal. Forms and fees can be submitted (1) through the mail or (2) through the online application.

- **Mail.** 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.

- **Online Application.** If you are a license holder/legal representative, principal officer, board member, or non-client resident of a DQA-regulated facility, you can access the online application at https://health.wisconsin.gov/dqaPortal/public/applicantSearch.html. Follow the steps by entering all required information and answering all questions in order to submit an automated version of the required forms directly to DQA. No paper forms are required to be submitted to DQA when the online application is completed.

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. The processing fee is required at the time of initial licensure and four-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 completing an application for a new facility in a new calendar year. The fee can be paid in one of two ways, depending on how the forms are being submitted.

- **Mail.** Include a $10.00 processing fee for each person, payable to the “Division of Quality Assurance.” The BID Appendix, BID, and processing fee must all be submitted to DQA before processing of the background check can begin.
- **Online Application.** Payment can be made with a debit or credit card through the online application. The cost is $10.00 per person and payment can be submitted at the end of the application.

SECTION B – ADDITIONAL DOCUMENTATION (of the Background Information Disclosure, form 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.
- **Previous Conviction/Pending Charge.** If you have disclosed a previous conviction or pending charge on your record, you must submit a written explanation of the previous conviction or pending charge along with a copy of the Criminal Complaint or Judgment of Conviction (if you are able to obtain a copy of those forms from the appropriate county Clerk of Courts).

SUBMISSION. Submit the following items to the address below:

1. Completed Background Information Disclosure (BID) (form F-82064)
2. Completed Background Information Disclosure (BID) Appendix (form F-82069)
3. Other documentation described above, as appropriate
4. Fee

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.