

# Disclosure and Authority to Release Information

I understand that complying with State of Wisconsin requirements to conduct out of state criminal background checks for all employed caregivers, my employer, **UnityPoint Health - Meriter** will procure an investigative consumer report to comply with such background checks. I further understand that the Information to be sought will be limited to out of state criminal records, and confirmation of any data provided on this form and my application, including education verification.

I authorize the appropriate individuals, companies, institutions or agencies to release Information. An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to **UnityPoint Health - Meriter Volunteer Services, 202 South Park Street, Madison, WI 53715.**

**I hereby certify that all the statements and answers set forth on this form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for termination of my employment.**

---

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code

**Please list any additional cities and states you have lived in during the past 3 years:**

---

---

**Other Names Used:**

---

---

---

Driver's License Number	State Issued	Expiration Date	Date of Birth
(To be used for background information ID only)			

**I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.**

---

<b>Signature</b> - By typing my name above, I agree my electronic signature is the legal equivalent of my signature on this document.	<b>Social Security Number</b>	<b>Date</b>
PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 18 YEARS OF AGE		Date Signed

**Signature** - By typing my name above, I agree my electronic signature is the legal equivalent of my signature on this document.

## BACKGROUND INFORMATION DISCLOSURE (BID)

For Instructions, see [F-82064A](#).

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 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.

**PLEASE PRINT OR TYPE YOUR ANSWERS.**

**Check the box that applies to you.**

- |   |   |
|---|---|
| <input type="radio"/> Employee / Contractor (including new applicant)<br><input type="radio"/> Applicant for a license or certification or registration (including continuation or renewal) | <input type="radio"/> Household member / lives on premises – but not a client<br><input type="radio"/> Other – Specify: VOLUNTEER |
|---|---|

**NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.) VOLUNTEER		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	
Race <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian or Pacific Islander		<input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Unknown		Social Security Number(s)
Home Address		City	State	Zip Code

Business Name and Address – Employer or Care Provider (Entity) **UnityPoint Health - Meriter 202 South Park Street, Madison, WI 53715**

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? ➤ If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="radio"/>	<input type="radio"/>
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If <b>Yes</b> , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="radio"/>	<input type="radio"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="radio"/>	<input type="radio"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="radio"/>	<input type="radio"/>
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="radio"/>	<input type="radio"/>

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="radio"/>	<input type="radio"/>
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.	<input type="radio"/>	<input type="radio"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="radio"/>	<input type="radio"/>
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If <b>Yes</b> , explain, including when and where it happened and the reason.	<input type="radio"/>	<input type="radio"/>
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="radio"/>	<input type="radio"/>
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If <b>Yes</b> , list each state and the dates you lived there.	<input type="radio"/>	<input type="radio"/>
5. Have you had a caregiver background check done within the last 4 years? ➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="radio"/>	<input type="radio"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision.	<input type="radio"/>	<input type="radio"/>

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
------------------	-------------

**Signature** - By typing my name above, I agree my electronic signature is the legal equivalent of my signature on this document.

<b>PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 18 YEARS OF AGE</b>	Date Signed
---	-------------

**Signature** - By typing my name above, I agree my electronic signature is the legal equivalent of my signature on this document.