

Adams County Center
401 North Main Street
Adams, WI 53910
Phone: 608.339.3379 Fax: 608.339.9625

Marshfield Campus
2600 West Fifth Street
Marshfield, WI 54449
Phone: 715.387.2538 Fax: 715.389.2864

Stevens Point Campus
933 Michigan Avenue
Stevens Point, WI 54481
Phone: 715.344.3063 Fax: 715.342.3134

Wisconsin Rapids Campus
500 32nd Street North
Wisconsin Rapids, WI 54494
Phone: 715.422.5300 Fax: 715.422.5561

Toll-free: 888.575.MSTC TTY: 866.331.3603 Web: mstc.edu

Wisconsin requires mandatory background information disclosure (BID) for all persons who seek to be employed, renew licensure, or gain certification in specific occupations. To comply with this law, you **must** complete the following as either an ADMISSION or CONTINUATION requirement for the program you have selected.

ADMISSIONS REQUIREMENTS:

- Biomedical Informatics Technician
- Central Service Technician
- Clinical Research Coordinator
- EMT-Basic
- EMT-Intermediate
- EMT-Intermediate Technician
- EMT-Paramedic
- Health Unit Coordinator
- Medical Assistant
- Medication Assistant
- Nursing
- Nursing Assistant
- Paramedic Technician
- Pharmacy Technician
- Phlebotomy Technician
- Practical Nursing
- Respiratory Therapist
- Surgical Technologist
- Early Childhood Education (requires the BID only for admissions)
- Certified Nursing Assistant (requires the BID only for admissions)

1. Background Information Disclosure (BID)

The Background Information Disclosure form must be returned with your application as a part of the admissions requirements for all programs listed above.

2. Wisconsin Criminal History Record Check (non-refundable \$15.00 fee for all programs above except Early Childhood Education and Certified Nursing Assistant)

You **must** have a criminal background check as part of the admissions process for the program you have selected. Caregiver agencies may not hire anyone who has been convicted or has charges pending for certain crimes. MSTC contracts with these agencies to provide your clinical/internship experiences. If you have convictions or charges pending, please be aware that convictions and/or pending charges may affect your ability to attend clinical/internship experiences and complete the program.

You must submit one of the following:

- Enclose a check or money order for \$15.00 payable to MSTC. MSTC will then perform the criminal background search through the Department of Justice/DHFS. Note: The Background Information Disclosure form must be completed, signed and returned along with the \$15.00 search fee before the search will be completed.
- Provide a copy of your Department of Justice/DHFS criminal check from a previous Caregiver Criminal Background Check, if completed in last four years. Criminal checks are valid for four years and must be valid for the duration of the program.

The BID and criminal search fee must be submitted to Student Affairs-Admissions staff on the campus that you are planning to attend.

CONTINUATION REQUIREMENTS: (Criminal Justice, Early Childhood Education)

Students continuing in Early Childhood Education and Criminal Justice will have the criminal background check completed as part of your continuing program participation. The search fee is covered as part of your course fees. Check with your instructor or Associate Dean for additional information.

NOTE: The law identifies specific crimes/offenses that bar individuals from employment and licensures. If you would like to obtain information on the current list of crimes and offenses, go to website <http://www.dhfs.state.wi.us>. If you have additional questions, please contact Linda Dawson at the State of Wisconsin – Department of Health and Family Services by calling 608-266-0355. If you have committed a crime/offense that bars you from employment and licensure, you will not be able to complete selected Mid-State Technical College programs. A number of criminal convictions are not permanent bars but do require a certificate of rehabilitation before employment and before acceptance into selected Mid-State Technical College programs.

BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify or register the person or entity (Note: Employers and Care Providers are referred to as “entities”);
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS “ENTITIES”)

Programs Regulated Under Chapter 48 of Wisconsin Statute	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated Under Chapters 50, 51, and 146 of Wisconsin Statute	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client (“nonclient resident”).
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin’s Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION: This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary, however your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services’ Caregiver Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client’s property.

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. 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 attached instructions (HFS-64 A) 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 your answers. Check the box that applies to you.

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

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?</p> <ul style="list-style-type: none"> ● If Yes, 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents. 		
<p>2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th 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.)</p> <ul style="list-style-type: none"> ● If Yes, 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. 		
<p>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:</p> <p><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.)</p> <ul style="list-style-type: none"> ● If Yes, explain, including when and where it happened. 		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <ul style="list-style-type: none"> ● If Yes, explain, including when and where it happened. 		

(Continued on next page)

Section A - Continued	YES	NO
6. 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 Yes , explain, including when and where it happened.		
7. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? ● If Yes , explain, including when and where it happened.		
8. 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 Yes , explain, including credential name, limitations or restrictions, and time period.		
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 Yes , explain, including when and where it happened.		
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 Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ● If Yes , attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ● You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ● If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ● If Yes , list the date of each check, and the name, address and phone number of the person, facility or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ● If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

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 HFS 12.05 (4), Wis. Adm. Code.

I agree to provide written notification within five (5) working days to the appropriate Mid-State Technical College (MSTC) Associate Dean of any changes in my conviction and/or pending criminal charge(s) status, which occur between my initial completion of the Background Information Disclosure form and program completion. I understand that my failure to provide such notification within the aforementioned time frame can result in my immediate dismissal from the program. I hereby give my permission to release the information on this form to MSTC and clinical/internship affiliates.

YOUR SIGNATURE _____ Date Signed _____