

**Adams Campus**  
401 North Main Street  
Adams, WI 53910

**Marshfield Campus**  
2600 West Fifth Street  
Marshfield, WI 54449

**Stevens Point Campus**  
1001 Centerpoint Drive  
Stevens Point, WI 54481

**Wisconsin Rapids Campus**  
500 32nd Street North  
Wisconsin Rapids, WI 54494

**Phone: 715.422.5300 Toll-free: 888.575.6782 Fax: 715.422.5561 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. The Wisconsin Caregiver Law requires students to complete a BID and undergo a criminal background check prior to placement in a clinical or practicum site. Clinical/practicum sites have the right to refuse a student's placement based on pending charges and conviction records. Mid-State will make two attempts to place a student at a clinical/practicum site, but pending charges and criminal convictions may impact a student's ability to complete a program, get licensed, and/or obtain employment. Information about the Wisconsin Caregiver Law is contained on the Wisconsin Department of Health Services website: <http://www.dhs.wisconsin.gov>.

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.dhs.wisconsin.gov>. If you have additional questions, please contact the State of Wisconsin – Department of Health 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 certain 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.

A student with a criminal record is strongly encouraged to make an appointment with a Mid-State Academic Advisor. This allows the student to confidentially discuss any pending charges or convictions and the potential impact of those on future goals.

To comply with this law, you **must** complete the following as an admission requirement for the program you have selected.

<b>ADMISSIONS REQUIREMENTS:</b>
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Nursing Assistant
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**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)**

You **must** have a criminal background check as part of the admissions process for the Nursing Assistant program. Caregiver agencies may not hire anyone who has been convicted or has charges pending for certain crimes. Mid-State 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.

<p><b>You must submit <u>one</u> of the following to Mid-State Technical College:</b></p>
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| <ul style="list-style-type: none"><li>• Complete the Background Information Disclosure form below completely and (digitally) sign it. Pay a \$15 criminal background check fee at any Mid-State campus. Mid-State will then perform the criminal background search through the Department of Justice/DHFS and attach the results to your educational file.</li><li>• Provide a copy of your Department of Justice/DHFS criminal check from a previous Caregiver Criminal Background Check, if completed within the last year. Criminal checks are valid for one year and must be valid for the duration of the program.</li></ul> |
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## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) 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 Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) 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://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	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, Wis. Stats.	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 ("non-client resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., 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 Services' Caregiver Misconduct 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 (BID)**

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.**

- Employee / Contractor (including new applicant)  Household member / lives on premises - but not a client  
 Applicant for a license or certification or registration (including continuation or renewal)  Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) regulated 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.) <b>Not Applicable</b>	
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M/F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White		Social Security Number(s)	
Home Address	City	State	Zip
Business Name and Address - Employer or Care Provider (Entity) <b>Not Applicable</b>			

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.		
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.		
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 checked="" 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.		
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.		
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.		

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.		
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.		

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.		
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.		
3.	Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If <b>yes</b> , indicate the year of discharge: ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
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.		
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.		
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.		

**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.

Your signature indicates that you understand the Wisconsin Caregiver Law requirements (<http://www.dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>) and that you give **permission** for Mid-State Technical College to **release conviction information to a clinical or practicum site**. By signing below, you acknowledge the following:

- I am aware that my criminal background check will be released to a clinical or practicum site.
- I am aware that my conviction record could affect successful course completion, graduation, and/or employment after graduation.

I agree to provide written notification within five (5) working days to the Nursing Assistant Program Director 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 Mid-State and clinical/internship affiliates.

<b>SIGNATURE</b>	Date Signed
<b>PARENT SIGNATURE</b> (if younger than 18)	Date Signed

*By typing my first and last name in this box, I confirm the data I have provided is accurate and that I understand the information provided on the form.*