

Dear St. Elizabeth Hospital Volunteer Applicant,

The state of Wisconsin requires healthcare organizations to run criminal background checks and care giver background checks for all associates and volunteers prior to providing service in our facilities and then again at least every four years.

We are providing the following instructions, based on a volunteer status, as a detailed replacement for government instructions (F-82064A). We would be happy to provide the government instructions (F-82064A) upon request.

Please complete both pages of the Background Information Disclosure form (BID) (F-82064) following the directions listed below:

- The information regarding checking the box that applies to you has already been completed. The box labeled “other” has been checked and “volunteer” has been typed in for specify.

As a volunteer you are not required to complete Appendix, F-80269, so this form is not included.

Please Print:

- Your First, Middle and Last Name
- Any other names by which you have been known – Including Maiden Name(s)
- Birth Date
- Gender
- Race – Please check a box
- Social Security Number – Entering this information is optional
- Complete Home Address: Street, City, State, Zip Code
- NOTE: St. Elizabeth Hospital has been included on the line that asks for business name. Nothing else needs to be added in this space

Section A – Acts, Crimes, and Offenses that May Act as a Bar or Restriction

- Answer questions 1-7 in Section A by placing a check mark in the appropriate box to the right of the question. If answering “yes” to any questions, provide a brief explanation below the question.

Section A, Question 1 The BID form will asks you to list any pending charges, and if you were convicted of any crime anywhere. It is important to be truthful and list any charges or convictions from your past, even if the charges were reduced or if you were told they were dismissed.

NOTE: Please enter your last name at the top of page 2

Section B – Other Required Information

- Answer questions 1-6 in Section B by placing a check mark in the appropriate box to the right of the question. If answering “yes” to any questions, provide a brief explanation below the question.

- Review the form to be sure you have answered all of the questions. Sign your name and enter today’s date in the space provided on the bottom of the form.
- Return the form to Volunteer Services.

Caregiver Background Check Law – Frequently Asked Questions and Answers

What is it?

The Care giver Background Check Law is a law in Wisconsin that requires criminal and other background checks on applicants, associates and volunteers in the health care industry.

What does it require an employer to do?

The employer is required to have new applicants fill out a form designed by the state. It also requires the employer to complete a background check on all current associates/volunteers at least every four years after they start with the organization. On this form the person is to list any criminal charges pending, any criminal convictions, abuse or neglect findings or limitations to any professional licenses they may have. The employer then has to request a background check from the state.

What do I have to disclose? (Section A, Question 1 on the BID form) The Background form will ask you to list any pending charges, and if you were convicted of any crime anywhere. It is important to be truthful and list any charges or convictions from your past, even if the charges were reduced or if you were told they were dismissed.

What does a completed background check include?

- Completed self-disclosure background Information Disclosure (BID) form
- Status check of professional licenses and credentials through the Department of Regulation and Licensing
- Criminal history search from the Wisconsin Department of Justice and the Wisconsin Circuit Court access website
- Review of Department of Health and Family service records for substantiated finding of abuse or neglect and license restrictions or denials

Do I have to report any new charges that occur after the background check is completed?

The Ministry Health Care Background Check policy HR-5704 requires you on an ongoing basis to notify Volunteer Services in writing within 24 hours of:

- The Caregiver (volunteer) has been charged with, has committed, or has been convicted of any crime, act, or offense, including one that may bar them from providing services, including, but not limited to, abuse, neglect or misappropriation;
- Professional credential restrictions, limitations, or revocations have been imposed on the Caregiver (volunteer);
- Program licensure limitations, revocations or denials have been imposed on the Caregiver (volunteer);
- The Caregiver (volunteer) has been discharged from any branch of the US Armed Forces, including any reserve component;
- The Caregiver (volunteer) has residency outside the state of Wisconsin; and
- Any rehabilitation review requests are made by the Caregiver (volunteer).

What happens if the person has a criminal conviction in their background?

The law and the rules enforcing it put crimes into three categories and the employer has to decide what to do with the person's volunteer status depending on what the criminal conviction is.

If you have any questions regarding the background check process please contact Volunteer Services at 920.738.2425.

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="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 checked="" type="checkbox"/> 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.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	
Race		Social Security Number(s)		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White				
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				
St. Elizabeth Hospital- 1506 S. Oneida Street, Appleton, WI 54915				

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 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th 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 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.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

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 abused an elderly person ? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE	Date Signed
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