

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](mailto:dhs caregiverintake@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.

Facility Type	Code	Facility Type	Code
Adult Family Home (AFH) – Certified	82	Hospice	131
Adult Family Home (AFH) – Licensed	88	Hospital	124
Community Substance Abuse Services (CSAS)	75	Mental Hlth Day Treatment Svrcs for Children	40
Community-Based Residential Facilities (CBRF)	83	Nursing Home	132
Community Mental Health and Developmental Disabilities	61	Outpatient Mental Health Clinic	35
Community Support Program (CSP) – Chronically Mentally Ill	63	Pain Clinic	50
Comprehensive Community Services (CCS)	36	Personal Care Agency (PCA)	105
Corporate Guardianship	85	Residential Care Apartment Complex (RCAC)	89
Emergency Mental Health Services Program	34	Rural Medical Center	127
Intermediate Care Facility/Individuals with Intellectual Disabil.	134	Other (<i>Specify facility type.</i>)	000
Home Health Agency (HHA)	133		

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

<p>NOTE: For the license holder/legal representative, board members, and non-client residents, submit only the forms and fee to DQA.</p>
