

IMPORTANT INFORMATION – PLEASE READ

Instructions - Caregiver Law Requirement

Background checks are mandatory for all persons who seek to be employed in the care giving industry. This law includes students as contracted care providers. The State of Wisconsin has identified specific crimes and offenses that will bar or limit individuals from employment in the health care or child care field or prohibit them from obtaining a license or certification.

The current list of crimes that may bar individuals from being a health care/child care provider are available for review online at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM> or at Chippewa Valley Technical College (CVTC).

➤ As an applicant, you must complete and submit the following items to the CVTC Admissions Office **before your application can be considered for program eligibility:**

- 1) **Wisconsin Criminal History Single Name Record Request** form (middle section only),
- 2) **check for \$20.00 payable to CVTC (this fee is non-refundable)**
- 3) **Background Information Disclosure** (BID) form, and
- 4) **CVTC Release** form.

➤ Submit the above items to:

Chippewa Valley Technical College
Attn: Admissions Office
620 W. Clairemont Avenue
Eau Claire, WI 54701-6162

The Admissions Office at CVTC will process the criminal history record request. If your criminal history record request is returned with a "record attached", you will be asked to schedule an appointment with a CVTC program counselor to determine the impact that the crime(s) listed will have on your career plans.

Note: If you have resided outside of Wisconsin in the last three years, you MUST also request a criminal background check from the state or states in which you previously resided. A list of out-of-state agencies for criminal background checks is available at www.doj.state.wi.us/dles/cib/sclist.asp or by calling the Admissions Office at 715-852-1300 or 1-800-547-2882, ext. 1300.

Additional information may be obtained from the Department of Health and Family Services at their web site, <http://dhs.wisconsin.gov/caregiver> or call the Department of Health and Family Services at 608-266-1865.

For specific information about criminal records, call the Wisconsin Department of Justice at 608-266-5764.

Shared:Caregiver Law-Instr(11-18-10)



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 7/11)

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764

WISCONSIN CRIMINAL HISTORY
SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Search for a Record on: (Please type or print legibly)

* Name : _____ / _____ / _____
(Last) (First) (Middle)

* Sex: _____ * Race: _____ * Date of Birth: _____ / _____ / _____
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

* Required Data

Return request to: (Include a self-addressed, postage-paid envelope)

Name: _____ Attn: _____

Street: _____ Phone: _____

City, State, _____ FAX: _____

Zip: _____ E-mail: _____

FOR CIB USE ONLY

Special Processing Instructions:

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 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: Student

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.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M / F)	Race
Address Street, City, State, ZIP Code					Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)						

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 judgement 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 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.		
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.		
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.		

(continued on next page)

SECTION A (continued)	YES	NO
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.		
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.		
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.		
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, 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 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 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.		

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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Criminal Background Check Release Form

I hereby authorize the faculty and administrators at Chippewa Valley Technical College (CVTC) to release the following information to clinical sites:

1. A copy of my criminal background check including but not limited to the results from the Wisconsin Department of Justice and Department of Health and Family Services;
2. my Background Information Disclosure (BID); and
3. any other supporting documents necessary to complete my criminal background check.

I understand and agree that faculty may not be able to find an internship or clinical practicum site for me or may need to remove me from a clinical site because of information contained or reported in the results of my criminal background check and/or listed on my BID concerning those crimes that are determined to be substantially related to the care of others.

I also understand and agree to provide written notification to CVTC of any changes in my convictions and/or pending charges which occur after completion of this criminal background check and prior to program completion.

My signature below confirms that I understand and agree to the above.

Signature

Date

Printed Name