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| **DEPARTMENT OF HEALTH SERVICES****Division of Quality Assurance**F-82069 (06/2018) | **STATE OF WISCONSIN**Wis. Stat. § 50.065Page 1 of 3 |
| **BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX****For License Holders and Non-Client Residents in DQA-Regulated Facilities** | **DQA USE ONLY** |
|  [ ]  Initial Application [ ]  Four-Year Renewal |
| * Completion of this *BID Appendix* is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration.
* Refer to DQA form F-82069A, *BID Appendix Instructions*, for additional information.
 |
| **SECTION 1 – REQUIRED INDIVIDUALS** *(Check the most appropriate box in Section 1.)* |
| **Non Governmental Entities**  |
| [ ]  License holder / legal representative of an existing facility[ ]  Applicant for a new facility license, certification, or registration | [ ]  Principal officer, corporation, or board member[ ]  Non-client resident (age 10 or older) |
| **Governmental and Tribal Entities**  |
| [ ]  Entity administrator/operator [ ]  Applicant for new facility license/certification/registration [ ]  Non-client resident (age 10 or older) |
| **SECTION 2 – PERSONAL INFORMATION** |
| Social Security No.      | Name – First      | MI  | Last      |
| Other Names By Which You Have Been Known (including Maiden Name)      | Birth Date *(MM/dd/yyyy)*      | Sex[ ]  Male [ ]  Female |
| Race[ ]  American Indian or Alaskan Native [ ]  Asian or Pacific Islander [ ]  Black [ ]  White [ ]  Unknown |
| Street Address – Home       | City      | State   | Zip Code      |
| **SECTION 3 – SPECIFIC FACILITY INFORMATION** |
| [ ]  **Check here if a list of facilities is attached.**  *(See instructions for more information.)* |
| Job Title / Relationship to Facility      | Telephone No. – Work      |
| Name – Facility      | Lic. / Cert. / Reg. No.      | Code – Facilty Type *(If “000 Other,” specify.)*      |
| Street Address – Facility      | City      | State   | Zip Code      |
| Name – Facility Contact Person      | Email Address – Contact Person      | Telephone No. – Contact Person      |
| **SECTION 4 – BUSINESS INFORMATION** |
| Business Name – Corporation / Organization      |
| Street Address – Corporation / Organization      | City      | State   | Zip Code      |
| Name – Contact Person for Corporation / Organization      | Telephone No. – Contact Person      |
| **SECTION 5 – BACKGROUND CHECK FEE** |
| **Fee Included**[ ]  Initial application for new facility[ ]  License holder/legal representative of an existing facility and completing an application for a new facility in a new calendar year.[ ]  Four-year renewal for existing facility | **Fee Not Included**[ ]  Existing license holder/legal representative completing an application for a new facility in the same calendar year as the last application submitted. |
| ***Read and initial the following statements.*** |
|     | I have completed and reviewed the attached BID (F-82064) and affirm that the information is true and correct as of today’s date. |
|     | I understand that I must report changes, pending changes, and/or convictions to the Department within one (1) business day. |
|  |  |
| **NAME** – Required Individual (as identified in Section 1) | Date Submitted      |