## Background Check Request Application Guide

The following is a step-by-step guide to completing the Background Check Request application.

- 1. Go to https://wi.accessgov.com/wisdhs/Forms/Page/dhsdqae/backgroundcheckrequest
- 2. Answer the questions.

**REMINDER:** This Background Check Request application should not be used to request caregiver background check results for employees, contractors, other persons serving as caregivers, or students completing clinical work.

3. Click "Log in to Start Form >" button to progress.

Background Check Request
Welcome!
This system may be used to request a backgound check that evaluates your eligibility for any of the following:
A license, certificate, or registration to operate an entity     Approval to serve as a legal representative, principal, or board member for an entity     Rehabilitation Review     Non-client residency
The total cost is \$15.30 when paid with a credit card or \$15 when paid with an electronic check.
mportant Note This system cannot be used by entities to conduct caregiver background checks. Access the following webpage for information about how to comple aackground checks for employees, contractors, and others with direct client/patient/resident contact.
\re you attempting to complete a background check for an employee / contractor / other person serving as a caregiver?' ⊇ Yes ® No
Are you a student seeking a background check in order to qualify for clinical work? * 2Yes ® No Log in to Start Form >
Home

- 4. To complete the application, the applicant must log in to AccessGov. Click "Public User" to log into the system.
- 5. If you already have an account through MyWisconsin ID, log in using that account email and password. If you do not have an account, click on "Sign up" to create your account and follow the sign up instructions before returning to this log in page. The screenshots below show a user that is already has a MyWisconsin ID.
- 6. MyWisconsin ID includes multi-factor authentication that must be set up during sign up. You will be asked to provide a code in order to log in.

Access <sub>GOV</sub>		WISCONSIN
AT SCONSA	MyWisconsin ID Sign In Email address example - user@domain.com Applicantuser@email.com	Verify with your password (2) Applicantuser@email.com
Public User	Next	Password
Wisconsin State Employee	Unlock account? Help	Verify
NIC Employee	Don't have an account? Sign up	Forgot password? Back to sign in

7. Once signed in, you will be taken to the Background Check Request application "Request" page.

All the pages that are necessary to complete for the application are listed on the left-hand side of the application. Each page can be navigated through separately at any time by clicking on the page name. Completed pages will have a green check mark beside the page name. All pages must be fully completed before the application can be finalized through payment.

- 8. Select one of the options under type of request.
  - a. "Initial" the applicant is completing an entity background check in association with the licensing/certification of a new entity, a new board appointment, or upon becoming a non-client resident of a new or existing entity.
  - b. "**Renewal**" an existing provider is renewing their entity background check.
  - c. "Change in status" when a new entity operator has replaced an old one or as part of a change of ownership (CHOW) process.

Introduction	Select the type of request you are O Initial	e submitting*	
Request	○ Renewal ○ Change in status		
Applicant	O Rehabilitation Review		
Contact	< Previous	Save and Exit	Nex
Aliases			
Entity			
Disclosures			
Affirmations			
Review			

- d. "**Rehabilitation Review**" when a background check is being requested as part of a rehabilitation review application.
- 9. Click "Next."
- 10. Fill in the information about subject of the background check.
- 11. Under Type, select one of the options.
  - a. Entity Operator (licensee, certificate holder, owner) refers to the individual who holds the license to operate the entity. All entities must have at least one designated Entity Operator. The Entity Operator does not need to have regular, direct contact with clients/patients/residents.
  - b. Representative (legal representative, board member, principal officer) refers to any

<ul> <li>Introduction</li> </ul>	Туре "			
✔ Request	© Entity Operator (license © Representative (legal n © Non-Client Resident	ee, certificate holder, owner) epresentative, board membe	er, principal officer)	
<ul> <li>Applicant</li> </ul>	O Rehabilitation Review A	Applicant Middle Name	Last Name *	Suffix
Contact	John	A	Smith	
Aliases	Date of Birth	SSN "	Race *	
Entity	01-01-1970	111-11-1111	Prefer not to answe	r 🗸 🗸
	Sex *	Phone *	Email	
Disclosures	Male	(111) 111-1111	johnsmithe	mail@email.com
Affirmations				
Review	< Previous	1	Save and Exit	Next >

persons who are associated with the ownership of an entity. Board members are not required to have an entity background check unless they have regular, direct contact with clients/patients/residents.

- c. **Non-Client Resident** refers to any person over the age of 10 years who resides in an entity but is not a client of the entity.
- d. Rehabilitation Review Applicant refers to any person who is applying for a rehabilitation review.
- e. Be sure to fill in the fields accurately and answer all required fields.
- 12. Click "Next."
- 13. Ensure the email address as it appears on this page is accurate. All automated emails will be sent to this email address, so make sure it is the email address that you wish to use to receive automated notices. Make updates to this email address as desired and ensure there are no typos.
  - a. **REMINDER:** Automated emails sent from this system must be saved and provided to DQA staff upon request. Ensure this contact email is accurate so emails can be received and saved.

receipt of the application. Once	Nete this application and pay the required tee, you will n your application has been processed, we will also email	voeive an email confirming you the outcome of our review
I request that communications	about my application be emailed to the following add	ess: '
johnsmithemailgemail.com		
< Previous	Save and Exit	Nexts
	receipt of the application. Once     request that communications     [ohnsmithemailgemail.com     c Previous	Important Network (Network) you consider the approaches and go you include the pool and the receipt of the application check you application is been processed we will also enabled.     I request that communications about my application be emailed to the following addr     phrismithemail.gomail.com <pre></pre>

14. Click "Next."

15. Include any other names the individual has gone by here.

<ul> <li>Introduction</li> </ul>	Did you have any other names, including from marriage, name changes, or other uses? * O Yes
Request	O No
Applicant	< Previous Save and Exit
✔ Contact	
Aliases	
Entity	
Disclosures	
Affirmations	
Review	

- 16. Clicking "Yes" bubble will bring up the required fields.
- 17. Once all information has been entered as applicable, click "Next."
- 18. Enter entity information. If multiple entities are associated, click "Yes" under "Do you wish to include additional entities?" to enter the next entity.
- 19. Be sure to include the correct license number if there is a license number assigned.
  - a. Use the link "Search existing license number" to use the <u>DQA Provider Search</u> to locate the correct license number for the entity.
- 20. Once all facilities are added, click "Next."

✓ Introduction	Did you have any oth	er names. including from marria	ige. name changes. or other u	ses? "
✓ Request	O No	Middle Name	Last Name *	Suffix
✓ Applicant				
✔ Contact	Do you have any add	itional names? *		
Aliases	O Yes O No			
Entity		r		
Disclosures	< Previous	L	Save and Exit	Next>
Affirmations				

	III Attention III		
Entity information must ma	atch any information provided on your applicat approval.	ion for a license/ce	ertification/registration/other
Diagon coloritions of the fail	lawlaw*		
O New entity O Existing entity	cowing.		
Entity Name *	Entity Type *		License Number (if
	Select an optic	n 🗸	assigned)
			Search existing license num
Entity Address			
Address Line 1			
Address Line 2			
City	State	~	Zip
Contact Name	Contact Phone '	Contac	t Email "
	(999) 999-9999	email	gexample.com
Do you wish to include addi	tional entities?"		
	Entity information must ma Please select one of the fol O New entity Entity Name * Entity Address * Address Line 1 Address Line 1 Address Line 2 City Contact Name * Do you wish to include add O Yes	In Attention in In Attention in Entity information must match any information provided on your applicat approval. Please solact one of the following* Ohere entity Entity Name * Entity Type * Entity Name * Entity Address * Address Line 1 Address Line 2 City Contact Name * Contact Phone * [009/ 909-9090 Do you wish to include additional entities?* O'ves	

✓ Introduction	III Attention III
✓ Request	Providing false, incomplete, or inaccurate answers may result in forfeitures, inelligibility, or other sanctions authorized by law.
✓ Applicant	This request will be returned to you if any required documentation or information is not provided.
✓ Contact	
✓ Aliases	<ol> <li>Do you have any criminal charges pending against. including in federal. state. local. military. or tribal courts?'</li> <li>Yes</li> </ol>
<ul> <li>Entity</li> </ul>	® No
Lisclosures	2. Were you ever convicted of any crime anywhere. including in federal. state. local. military. and tribal courts?" Oves Oves Oves Oves Oves Oves Oves Oves
Affirmations	WN0     A las any revenment or regulatory agency (other than the police) ever found that you committed child abuse or
Review	5 Industry generation to a signal of page 50 years of the page 50 yea
Descent in comment	O Yes
Proceed to payment	Orlid Abuse / Neglect is required.
	4. Has any government or regulatory agency ever found that you abused or neglected any person?"
	Oves
	ONo
	⊙ Adult abuse / neglect is required.
	5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (stole,
	improperty took, or used) the property of a person?"
	OYes
	ONo
	Misappropriation is required.

- 21. There are 12 questions that must be answered as "Yes" or "No."
- 22. If "Yes" is checked, you must answer the next questions and upload all required documents when requested.

- 23. **Question 1** allows a Criminal Complaint to be uploaded when there is a pending criminal charge.
  - a. Only criminal pending charges must be disclosed here.
  - b. If there are additional charges to report, click "Yes" under "Do you have additional charges?"

0 105		
O No		
Court City *	Court State *	Date of Charge *
		MM-DD-YYYY
① Court City is required.	① Court State is required.	① Date of Charge is required.
Describe the charge "		
(		
Describe the charge is required		
① Describe the charge is required.		
Describe the charge is required.     Upload Criminal Complaint		
Describe the charge is required. Upload Criminal Complaint		
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Describe the charge is required.     Upload Criminal Complaint     Choose File     No file chosen		
Describe the charge is required.     Upload Criminal Complaint     Choose File No file chosen     Do you have additional charge	5?*	
Describe the charge is required.     Upload Criminal Complaint     Choose File No file chosen     Do you have additional charge     Yes	5?"	
Describe the charge is required.     Upload Criminal Complaint     Choose File No file chosen     Do you have additional charge     Ves     No	5?*	

- 24. Question 2 requires that a Criminal Complaint and Judgement of Conviction must be uploaded if there is a criminal conviction.
  - a. Criminal Complaints and Judgements of Conviction are documents that can **only** be obtained from the County Clerk of Courts Office where the conviction occurred.
  - b. **Do not upload CCAP records** in place of the Criminal Complaint and Judgement of Conviction.
  - c. If the conviction is very old, it must still be disclosed, but the Clerk of Courts may no longer have the Criminal Complaint or Judgement of Conviction. In such cases, you must upload either a letter or an email from the Clerk of Courts office that states no records could be found.

Yes  No  Court City *  Court City is required.  Describe the crime *	Court State *	Conviction Date * MM-DD-YYYY © Conviction Date is required.
○ No Court City *  © Court City is required. Describe the crime *	Court State *  O Court State is required.	Conviction Date * MM-DD-YYYY © Conviction Date is required.
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© Court City is required. Describe the crime "	Court State is required.	© Conviction Date is required.
Describe the crime "		
Describe the crime is required.		
You must upload the criminal complain	t. *	
		1
Choose File No file chosen		
		i
You must upload the criminal complaint is reader to the second s	equired.	
You must upload the judgment of convi	iction. *	
Choose File No file chosen		
You must upload the judgment of conviction	is required.	
Do you have additional convictions?		
ONo		
Do you have additional convictions? is requir	and a	

- d. If there are additional convictions, click "Yes" under "Do you have additional convictions?"
- 25. **Question 3** requires only a written explanation if "Yes" is checked.
- 26. **Question 4** requires only a written explanation if "Yes" is checked.

o information concerning fir	ndings of child abuse and neglect.	
Yes		
U NO		
City *	State *	Date of Incident *
		MM-DD-YYYY
① City is required.	① State is required.	Date of Incident is required.
Describes the feedbarr ?		
Describe the finding is required Has any government or reference of the second	gulatory agency ever found that you abu	sed or neglected any person?"
Describe the finding is required     Describe the finding is required     Has any government or re     Yes     No     No	gulatory agency ever found that you abu	sed or neglected any person?"
Describe the finding is required     Has any government or re     Yes     No     City*	gulatory agency ever found that you abu	sed or neglected any person?" Date of Finding "
Obscribe the finding is required Has any government or re Yes No City *	gulatory agency ever found that you abu State *	sed or neglected any person?" Date of Finding * MM-DD-YYYY
Obscribe the finding is required Has any government or re Yes No City * City is required.	gulatory agency ever found that you abu	Date of Finding *

- 27. **Question 5** requires only a written explanation if "Yes" is checked.
- 28. **Question 6** requires only a written explanation if "Yes" is checked.
- 29. **Question 7** requires only a written explanation if "Yes" is checked.
- 30. **Question 8** requires only a written explanation if "Yes" is checked.
- 31. **Question 9** requires only a written explanation if "Yes" is checked.
- 32. Question 10 only requires that the DD-214 form be uploaded if the Date of Discharge is within the last 3 years and the Discharge Type is anything other than Honorable.

O No		
City *	State *	Date of Finding
		MM-DD-YYYY
① City is required.	① State is required.	Date of Finding is required.
Describe the finding		
<ol> <li>Describe the finding is required.</li> </ol>		
<ol> <li>Has any government or regul Yes     </li> </ol>	latory agency (other than the police) ever to	und that you abused an elderly person
O No		
City *	State *	Date of Finding *
<ol> <li>City is required.</li> </ol>	① State is required.	① Date of Finding is required.
Describe the finding "		
① Describe the finding is required.		
7. Do you have a government is	sued credential that is not current or is limit	ed so as to restrict you from providing
care to clients?		
© Yes O No		
Name of Credential	Limitation From Date *	Limitation To Date *
O		
Warne of Credenual is required.	U Limitation From Date is required.	U Limitation to Date is required.
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© Describe the imitation is required. 8. Has any government or regul registration to provide care. tre ® Yes	latory agency ever limited, denied, or revoke atment, or educational services?"	ed your license. certification, or
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© Describe the imitation is required. 8. Has any government or regul registration to provide care, tre © Yes ○ No City *	latory agency ever limited, denied, or revoke atment, or educational services?" State *	ad your license, certification, or Date *
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Describe the imitation is required      Has any government or regul     registration to provide care, tre     Yes     No City *      City is required.  Describe the Limitation/Denial      Describe the Limitation/Denial      Describe the Limitation/Denial      Describe the Limitation/Denial      Describe the Denial or Restriction      So City is required.  Describe the Denial or Restriction      Des	Latory agency ever limited, denied, or revoke atment, or educational services?"  State "  State "  State required  VRevocation "  evocation is required  Latory agency ever denied you permission or cility?"  State "  State "  State "  State "  State "  State The sequired  The sequired  Discharge Type "  State Type The State Type The State Type The State Type Type Type Type Type Type Type Typ	ed your license, certification, or Date * Date * O Date is required. Date * Date * Date * Date * Date * Date * Date is required.
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Upload discharge documentation (e.g., DD-214) is required.

- Question 11 requires that a criminal history report from another state or US territory if the individual is currently or has lived in another state within the last 3 years.
  - a. If you lived in another country outside the US, that does not need to be disclosed.
- 34. **Question 12** requires only a written explanation if "Yes" is checked.

State *	Date From *	Date To ①*
	MM-DD-YYYY	MM-DD-YYYY
① State is required.	① Date From is required.	① Date To is required.
Choose File No file cho	isen und check from that state, or a document describing wh	ny you are unable to do so. is required.
Choose File No file chc     You must upload a backgro     You must upload a backgro     L. Have you ever request department, a private chi     Yes     No	sen and check from that state, or a document describing wh ed a rehabilitation review with the Wisconsin [ Id placing agency, a school board, or a DHS de	ny you are unable to do so is required. Department of Health Services, a county signated tribe?"
Choose File No file cho O You must upload a backgro 12. Have you ever request department, a private chi © Yes O No Review Outcome *	sen und check from that state, or a document describing wh ed a rehabilitation review with the Wisconsin [ Id placing agency, a school board, or a DHS de	y you are unable to do so is required. Department of Health Services, a county signated tribe?' Review Date '
Choose File No file cho O You must upload a backgro 12. Have you ever request department, a private chi © Yes O No Review Outcome *	sen and check from that state, or a document describing wh ed a rehabilitation review with the Wisconsin [ Id placing agency, a school board, or a DHS de	y you are unable to do so is required. Department of Health Services, a county signated tribe?  Review Date *  MM-DD-YYYY
Choose File No file cho O You must upload a backgro L. Have you ever request department, a private chi Yes No Review Outcome Construction Review Outcome Review Outcome is required Review Outcome is required	sen und check from that stote, or a document describing wh ed a rehabilitation review with the Wisconsin [ Id placing agency, a school board, or a DHS de	Py you are unable to do so is required. Department of Health Services, a county signated tribe?  Review Date *  MM-DD-YYYY  O Review Date is required.

- 35. Once all 12 questions have been answered and all required documents have been uploaded as applicable, click "Next" to continue.
- 36. If you are completing the application on someone else's behalf, click "Yes" to the first question and fill in (for example, HR staff completing for Entity Operator, parent of Non-Client Resident completing for the Non-Client Resident, etc.)
- 37. Read and affirm or acknowledge understanding of the other two disclaimers in order to continue.
- 38. Click "Next" to continue.
- Review the information submitted for accuracy, then scroll down and select "Proceed to payment" at the bottom of the page to submit payment and finish the application.
- 40. The cost for the entity background check is \$15.30 when payment is made by debit or credit card or \$15 when payment is made by electronic check.
- 41. Fill in all required payment information, complete the CAPTCHA verification, and click "Submit Payment" to pay the required fee and submit the complete Entity Background Check application.

Background Chec	< Request
<ul> <li>Introduction</li> </ul>	Are you completing this application on someone else's behalt? ' O Yes
✓ Request	O No Do you affirm that you have provided truthful, complete and accurate information? *
✓ Applicant	OYes
✓ Contact	Do you understand that providing false, incomplete, or inaccurate information may result in forfeitures, findings of ineligibility, and other sanctions as provided by law. "
✓ Aliases	O Yes
🖌 Entity	< Previous Save and Exit Next >
✓ Disclosures	
Affirmations	
Review	
Proceed to payment Delet	

<ul> <li>Introduction</li> </ul>	Request				
✓ Request	Select the type of re	equest you are submitting			
✓ Applicant	Initial Penewal Change in status Penewal Rehabitation Review				
✓ Contact					
✓ Aliases	Applicant				
✓ Entity	Type *     Entity Operator (lice     Decrementation //e	censee, certificate holder, owner)	or principal official		
✓ Disclosures	Non-Clinin Resident     Rehabilitation Review Applicant				
✓ Affirmations	First Name:	Middle Name:	Last Name:	Suffix:	
Review	Date of Birth	Race:		Sec	
Proceed to payment Delete	Phone:	Email:			
	Contact	_			
	Important note: Once receipt of the application	e you complete this application ation. Once your application has I	and pay the required fee, you w been processed, we will also er	rill receive an email confirming mail you the outcome of our review	
	I request that comm	nunications about my applicatio	n be emailed to the following	address: :	

## **Quick Tips**

The application has a time-out for security purposes. If you get timed out during your application, you will see a notice that you have been logged out. Click "Login" to access the application again.

If you see a yellow warning symbol on any section, go back to that section and fill in any missing fields. You will not be able to finish the application until all sections have a green checkmark beside them.

✓ Entity
1 Disclosures
Affirmations

If you need to step away from the application at any point, click "Save and Exit" to save the in progress application to your AccessGov account. To access in progress applications, log into AccessGov using your login credentials and click Home if you are not already on your Home page.

You will see all in progress applications under the "To Do" tab. Click "Continue" on any in progress applications you wish to complete. Click "Delete" on any in progress applications you wish to remove.



Click on the "In Progress" tab to see any applications that are currently in progress and see what the status is of that application. You can also download all related application documentation and check the date of submission.



## What do I need to keep after I submit the request for a DQA background check?

After payment has been submitted, an automated email will be generated to the specified contact email address. **Save a copy of that email for your entity's files** unless the background check was submitted for a rehabilitation review.

Individuals who are applying for rehabilitation review will need to upload a copy of the automated email to the appropriate background check upload section of the rehabilitation review application.

Once the application has been reviewed by DQA staff, you will receive another automated email that indicates the outcome of that review. **Save a copy of that email for your entity's files** unless you requested a background check for a rehabilitation review.

Unless the background check was requested for a rehabilitation review, **save these emails for 4 years.** DQA staff may request copies of one or both automated emails as proof that a request was submitted appropriately.

**Every 4 years, if the entity is still regulated by DQA, the background check must be renewed by submitting a new background check request** for the current entity operator(s), legal representative(s), board member(s) with client contact, and any non-client residents aged 10 or older as part of the required 4-year renewal.

DQA may also require that a new request be submitted at any time within the 4-year period if more frequent background checks are required for the specific entity type or when DQA has reason to believe there has been a change of status for the entity or the applicant.

## **Contact Information**

For questions about entity background check requirements or the online background check application, please email <u>dhsdqabackgroundchecks@dhs.wisconsin.gov</u>.

For questions about regulations, licensing, or certification requirements, please contact the appropriate DQA regional office.