

# MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

**TO:** Incoming Housestaff

**FROM:** Kenneth B. Simons MD  
Designated Institutional Officer  
Executive Director, MCWAH  
Sr. Associate Dean, Graduate Medical Education and Accreditation, MCW

**RE:** Wisconsin Caregiver Background Check Law  
Consumer Authorization

The State of Wisconsin law requires background and criminal history checks for all persons responsible for the care, safety and security of children and adults.

All physicians, including the housestaff, have to abide by this law. An initial background check must be completed for all new and current housestaff, and repeated every four years thereafter. Please complete the Background Information Disclosure form (F-82064) with the Consumer Authorization fillable form on our website. This information is used to obtain relevant data from the Wisconsin Department of Justice Crime Information Bureau and other appropriate agencies as required by the provisions set forth by the Wisconsin Caregiver Background Check Law for the purpose of evaluating you for employment, promotion, reassignment or retention. Please note that Wisconsin law prohibits discrimination because of a criminal record or pending charge, unless the record or charge is substantially related to the circumstances of the particular job or licensed activity.

After you complete the Background Information Disclosure and Consumer Authorization forms print, then sign and return the completed forms to the MCWAH office in the enclosed envelope. **We cannot issue your housestaff training agreement until you have submitted a complete form F-82064 and Consumer Authorization form. It is required to include a copy of your driver's license for identification.**

If you have any questions, please call Chris Fogarty in our office at 414-955-4582.

8701 Watertown Plank Road  
Post Office Box 26509  
Milwaukee, Wisconsin 53226-0509  
(414) 955-4575  
FAX (414) 955-6528

Email: [gme@mcw.edu](mailto:gme@mcw.edu)  
[www.mcw.edu/gme](http://www.mcw.edu/gme)

**DEPARTMENT OF HEALTH SERVICES**

Division of Enterprise Services  
F-82064A (02/2014)

**STATE OF WISCONSIN**  
Chapters 48.685 and 50.065, Code Wis. Stats.  
DHS 12.05(4), Wis. Admin. Code

**BACKGROUND INFORMATION DISCLOSURE (BID)****INSTRUCTIONS**

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. **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.

**CAREGIVER BACKGROUND CHECK LAW**

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.wisconsin.gov/caregiver/StatutesNDEX.HTM>.

**THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS /CARE PROVIDERS (Referred to as "Entities"):**

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

**THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:**

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("non-client resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

**FAIR EMPLOYMENT ACT**

Wisconsin's Fair Employment Law, Chapters 111.31 – 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

**PERSONALLY IDENTIFIABLE INFORMATION**

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

## 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)<br><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<br><input type="checkbox"/> Other – Specify: |
|---|---|

**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)
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Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)

Housestaff

Any Other Names By Which You Have Been Known (Including Maiden Name)	Birth Date	Gender (M / F)
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Race <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	Social Security Number(s)
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Home Address	City	State	Zip Code
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**Prior Residence for Past Seven Years**

1 – Address		2 – Address	
From	To	From	To
3 – Address		4 – Address	
From	To	From	To

Business Name and Address – Employer or Care Provider (Entity)

Medical College of Wisconsin Affiliated Hospitals. Inc. 8701 W Watertown Plank Rd Milw., WI 53226

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 <b>Yes</b> , 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 <sup>th</sup> 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 <b>Yes</b> , 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"/>

Last Name –

<p>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 <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?                  ➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b>?                  ➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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<p>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 <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 <b>Yes</b>, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last 3 years?                  ➤ If <b>Yes</b>, list each state and the dates you lived there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Have you had a caregiver background check done within the last 4 years?                  ➤ If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p>	<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.

<b>SIGNATURE</b>	Date Signed
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# MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS

## DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS

In order to ensure that the Medical College of Wisconsin Affiliated Hospitals, Inc. ("MCWAH") is operating in a safe and sound manner, consistent with its responsibilities and obligations to patients and to the public, MCWAH will request that a "consumer report" and/or "investigative consumer report," as those terms are defined in the Fair Credit Reporting Act (15 U.S.C. §1681a), be prepared for employment purposes, following the date you sign this document. Your signature below will grant and acknowledge MCWAH's authority to obtain such a consumer report at any time during the application process and, if you are hired, at any time during your employment.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND UNDERSTAND THIS DISCLOSURE, AND AGREE TO GRANT MCWAH, ITS AFFILIATES AND THEIR EMPLOYEES AND AGENTS, AUTHORITY TO OBTAIN A CONSUMER CREDIT REPORT AND/OR INVESTIGATIVE CONSUMER REPORT, WHICH WILL INCLUDE INFORMATION RELATED TO MY WISCONSIN CAREGIVER BACKGROUND, CRIMINAL HISTORY AND NATIONAL SEX OFFENDER REGISTRY CHECK.

THIS REPORT IS A CONDITION OF EMPLOYMENT AND THE RESULTS MAY BE USED IN MAKING EMPLOYMENT DECISIONS.

\_\_\_\_\_  
(Date [Mo./Day/Year])

\_\_\_\_\_  
(Print Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth [Mo./Day/Year])

\_\_\_\_\_  
(Former/Other Names Used)

\_\_\_\_\_  
(Signature)

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

## **A Summary Of Your Rights Under The Fair Credit Reporting Act**

The federal Fair Credit reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue, N.W., Washington D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your

written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688) or visiting [www.optoutprescreen.com](http://www.optoutprescreen.com).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City MO

	64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington DC 20250 202-720-7051