

Medical College of Wisconsin Affiliated Hospitals, Inc.

To: Incoming Housestaff

From: Mark D. Hohenwalter, MD
Interim Executive Director & DIO, MCWAH
Interim Associate Dean for Graduate Medical Education, 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 housestaff are required 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 (BID) form (F-82064) with the Disclosure and Authorization Regarding Procurement of Consumer Reports and Investigative Consumer Reports 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 (BID) and the Disclosure and Authorization Regarding Procurement of Consumer Reports and Investigative Consumer Reports forms print, hand sign and return them to MCWAH office in the enclosed envelope along with a copy of your driver's license.

Please note the following:

- These documents **MUST** be received via hard copy and affixed with your **HANDWRITTEN INK SIGNATURE. NO OTHER TYPE OF SIGNATURE WILL BE ACCEPTED.**
- A copy of your driver's license **MUST** accompany your submission.
- If the BID form is not complete, is not affixed with the stipulated signature, and is not accompanied by a copy of your driver's license, this will impact the processing time of your BID form. You will not be issued your Housestaff Training Agreement until your completed F-82064 form and Consumer Authorization form is fully processed.

If you have any questions, please call Kelly Reinke at 414-955-4582 or email kreinke@mcw.edu.

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8701 Watertown Plank Road
P.O. Box 26509
Milwaukee, WI 53226-0509

Email: gme@mcw.edu
www.mcw.edu/gme

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Check the box that applies to you.

- | | |
|---|--|
| <input type="checkbox"/> Applicant / Employee | <input type="checkbox"/> Student / Volunteer |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Other – Specify: |

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – First	Middle	Last
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Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Address	City	State	Zip Code
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Business Name and Address – Employer (Entity)

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect?
Provide an explanation below, including when and where the incident(s) occurred.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 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.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|---------------------------------|--------------------------------|
| 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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|--|---------------------------------|--------------------------------|
| 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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 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 three (3) years. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes , list each state and the dates you resided there. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?
If Yes , list each state and the dates you resided there. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 6. Have you had a caregiver background check done within the last four (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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <hr/> | | |
| 7. 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. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Read and initial the following statement.

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

NAME – Person Completing This Form **PLEASE PRINT****Date Submitted****Handwritten Ink Signature Only:**
(No Other Form Accepted)

MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS

DISCLOSURE AND AUTHORIZATION REGARDING PROCEDUREMENT 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 ("FCRA") (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 and/or investigative 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.

I UNDERSTAND THAT I HAVE SPECIFIC PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FCRA, AND CERTIFY THAT I HAVE BEEN PRESENTED WITH A SUMMARY OF MY RIGHTS. I FURTHER UNDERSTAND THAT, PURSUANT TO THE FCRA, IF ANY ADVERSE ACTION IS TO BE TAKEN BASED UPON A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT, A COPY OF THE REPORT WILL BE PROVIDED TO ME.

(Date [Mo./Day/Year])

(Print Last Name)

(First Name)

(Middle Name)

(Social Security Number)

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

(Former/Other Names Used)

Handwritten Ink Signature Only
(No Other Form Accepted)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 another 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.



ACKNOWLEDGEMENT AND REQUEST TO RELEASE CRIMINAL BACKGROUND INFORMATION

I understand that criminal history records and caregiver background checks are public records in Wisconsin and that in cases where a background check has been conducted on me within the previous four years, MCWAH is required to share the results of such background check with any requesting entity as noted under Wisconsin Statute 50.065(2)bg. Requesting entities may include training sites that I will participate in an educational experience in as part of my MCWAH training program. Any entity requesting the results of my caregiver background check must make a written request for such information. In order to facilitate meeting pre-placement requirements at my training sites I authorize MCWAH to share the results of my caregiver background check with my program so that they may work directly with the site to ensure all requirements for my educational experience at the site are met.

Printed Name: _____

Signature: _____

Date: _____

BID Packet Checklist

If any one of the below steps have been missed, it will significantly delay the processing of your background check results. You may not start your program until your background check is FULLY completed. Please ensure the following upon submission:

- ☐ **Initials**

The initial field is located directly above the signature line on the WI Background Check (BID) Form.

- ☐ **Handwritten Ink Signature/s**

WI Caregiver Background Check (BID) Form.

MCWAH Disclosure and Authorization Regarding Procurement of Consumer Reports and Investigative Consumer Reports Form.

Handwritten ink signatures are required. No other type of signature will be accepted. If a handwritten ink signature is not affixed, the form/s will be returned for correction. No exceptions.

- ☐ **Driver's License**

If you have one, a copy of your driver's license must accompany your BID form.

- ☐ **Review**

If the BID form is submitted with missing answers, stipulated signature, dates, etc., it will be returned for correction.

- ☐ **Submission**

No emailing of these documents accepted. Hard copy only.