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Gateway Technical College Release and Background Information Disclosure Form

As part of the application process for acceptance at **Gateway Technical College** I understand that they and/or its agents may conduct an investigation of my personal information. The investigation may include, but is not limited to Criminal History Records (from state, federal and other agencies). I understand that these records may be used for the eligibility of my acceptance into the aforementioned school's educational program. I authorize without reservation the full release of these records and for American DataBank and/or its agents contracted by American DataBank to obtain information.

In addition, I release and discharge American DataBank, Gateway Technical College, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my enrollment at **Gateway Technical College**.

I understand that the information I provided within the Background Disclosure and my Criminal Background Check Screening will be shared with potential clinical and/or practicum sites.

I also certify that all information provided is correct on the above Background Disclosure Form to the best of my knowledge. Any false statements provided will be considered just cause for denial of acceptance and/or placement at clinical/practicum sites.

I understand that in consideration of being admitted into a Health or Service Occupations Program at Gateway Technical College, a governmental body organized and existing under the laws of the State of Wisconsin, and being fully informed of the Wisconsin Caregiver Background Check Law, do, for myself, my heirs, and executors, assigns and administers, remise, release, and forever discharge, Gateway Technical College, its Board members, its employees, agents, and its successors, of and from all manner of action or actions, cause or causes of actions, suits, sums of money, claims and demands whatsoever, in law or equity, which I have ever had or now have against Gateway Technical College, due to the inability to secure a clinical/practicum placement for the Health or Service Occupations program in which I am now enrolled because of the refusal of a clinical/practicum site to allow me access to their facility, whether the same be upon contract or upon tort.

Upon Request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 110 Sixteenth Street, 8th Floor, Denver, CO 80202 or by contacting us at 1-800-200-0853.

Please remember to complete your Criminal Background Screening order on-line at www.gatewaytechnicalcompliance.com

Please Print Applicant/Student Name:						
	First	M.I.	Last	-		-
Student ID:	Date of Birth:					
By signing, I acknowledge	e that I have read and un	derstand the above int	formation.			
Signature:			Date:	,	1	

IMPORTANT!

CONTINUE TO THE **BACKGROUND INFORMATION DISCLOSURE** (**BID**) – YOU MUST COMPLETELY ANSWER ALL QUESTIONS ON THE BID. It is essential that your replies on the BID are complete and accurate to be considered for admission to and placement in your program.

Chapters 48.685 and 50065, 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.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48685 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
- An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at http://dhswisconsin.oov/caregiverlStatutesINDEXHTM.

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.
- 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 ("nonclient 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.

Check the box that applies to you.

continuation or renewal)

Employee I Contractor (including new applicant)

Applicant for a license or certification or registration (including

F-82064 (01/09)

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STATE OF WISCONSIN

O Household member I lives on premises but not a client

• Other -Specify: Student

Chapters 48685 and 50065, VVis. Stats DHS 12.05(4). Wis. Admin. Code Page 10f2

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is under the provisions of Chapters 48685 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 1 for additional information. Providing your social security number is voluntary; however, your social number is one of the unique used to prevent incorrect matches

PLEASE PRINT YOUR ANSWERS. You MUST answer each question completely and truthfully.

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)		Name – (Last)	Position Title (Complete only if you are a prospective employee or				
			contractor, or a curren	t employee or contractor	.)		
Any Other Names By Which You have Been Known (including Maiden Name)		Birth Date	Gender (M/F)	Race			
Address St	reet, City, State, Zip Code		Social Security Nu	mber(s)	I		
E	Business Name and Address -Er	mployer or Care Provider (Entity)					
SECTION	A • ACTS, CRIMES, AND OFF	ENSES THAT MAY ACT AS A BAR OR REST	RICTION			YES	NO
1.	federal, state, local, militar » If Yes, list each cri is located. You ma	charges pending against you or were you y and tribal courts? me, when it occurred or the date of the cay be asked to supply additional information of the criminal complaint, or any other research.	conviction, and the city ar ion including a certified c	nd state where the cour opy of the judgment of			
2.	offense? (NOTE: A respor camps for children,) » If Yes, list each of be asked to supp	e (adjudicated) delinquent by a court of la use to this question is only required for gr crime, when and where it happened, and oly additional information including a cert adication, or any other relevant court or p	the location of the court ified copy of the delinque	centers for children and (city and state). You ma	,		
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 (Only employers and regulatory agencies entitled to obtain this information per sec. 48981 are authorized to, and should, check this box.) The Yes, explain, including when and where it happened.			to, and			
4.	client?	gulatory agency (other than the police) on cluding when and where it happened.	ever found that you abus	ed or neglected any pe	rson or		

SECTIO	DN A (continued)	VEC	NO
5.	Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took	YES	NO
0.	or used) the property of a person or client?		
	If Yes, explain, including when and where It happened.		
	in 166, oxplain, more and micro 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		
		-	•
SECT	ION 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?		
4.	» 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		
	or government agency that contacted each check		
6	Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county		
J	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.		
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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