

- 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 No

- 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 No

- 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 No

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 No

- 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 No

- 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 No

- 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 No

- 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 No

- 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 No

- 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 No

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	Date Submitted
---	----------------