

FLORENCE COUNTY HUMAN SERVICES DEPARTMENT
501 LAKE AVENUE, PO BOX 170
FLORENCE, WI 54121

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Florence County Human Services Department is creating a provider directory. This directory will be used as a resource for community waiver and personal care clients in our area looking for assistance such as home care, lawn care, snow removal, etc. The directory will be a public document given to clients as requested. All potential providers must authorize their information to be listed and successfully pass a criminal background check. If you wish to have your name removed from the directory at any time, please contact Robin Kitzinger at rkitzinger@co.florence.wi.us or via phone at 715-528-3478.

Florence County Human Services Department acts as fiscal agent for community waiver programs and the program clients. This means that the community waiver client is the employer and as the employer, will contact you directly to interview you as a potential provider for the services needed. You have the right to refuse or accept the work. Likewise, the client has the right to refuse or accept you as a provider. The client will also have the right to end your services as they wish.

To be listed in this directory, complete the Survey of Services shown below (list any additional licenses, qualifications that you may have), the Application for Employment, and the Background Information Disclosure Forms. Mail them to Florence County Human Services Department, Attn: Robin Kitzinger, PO Box 170, Florence, WI 54121. If you have any questions, please contact Robin at 715-528-3478 or rkitzinger@co.florence.wi.us

PROVIDER SURVEY OF SERVICES

Please check the services you are interested in providing. List qualifications/license/comments:

- Home Care (cleaning, shopping, errands, etc) _____
- Personal Care (bathing, grooming, dressing, etc) _____
- Respite Care (short-term social activities) _____
- Lawn Care: Grass Cutting Raking _____
- Snow Removal: Shoveling Plowing _____

Contact Information to be Published:

Name: _____

Mailing Address: _____

Home Address: _____

Phone Number: _____

Signature: _____

By signing, you agree to have your information published in the provider directory with those services checked above.

COMMUNITY SERVICES PROGRAMS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:				DATE	
NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
PHONE NO.		ARE YOU 18 YRS OR OLDER?		YES	NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				YES	NO

EMPLOYMENT DESIRED:		DATE YOU CAN START	
POSITION	HOME CARE PROVIDER		
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	

EDUCATION:	/NAME AND LOCATION /	*NO OF YEARS /	*DID YOU /	SUBJECTS
	/OF SCHOOL	/ ATTENDED	/ GRADUATE? /	STUDIED
HIGH SCHOOL	/	/	/	/
COLLEGE	/	/	/	/
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	/	/	/	/

GENERAL:
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL SKILLS
ACTIVITIES: [CIVIC, ATHLETIC, ETC.]
<small>EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.</small>

FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH & YEAR/	NAME AND ADDRESS OF EMPLOYER/	SALARY /	POSITION/	REASON FOR LEAVING
FROM _____ TO _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
FROM _____ TO _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
FROM _____ TO _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAMES	/	ADDRESS	/	BUSINESS	/	YEARS ACQUAINTED
1.	_____	/	_____	/	_____	/	_____
2.	_____	/	_____	/	_____	/	_____
3.	_____	/	_____	/	_____	/	_____

"I AUTHORIZE A RELEASE OF ANY CRIMINAL HISTORY THAT I MAY HAVE TO THE FLORENCE COUNTY DEPARTMENT OF HUMAN SERVICES. THIS AUTHORIZATION IS IN CONJUNCTION WITH MY APPLICATION TO BECOME A HOME CARE PROVIDER."

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE PROGRAM RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CLIENT/EMPLOYER OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME."

DATE _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

RECOMMEND FOR EMPLOYMENT: _____

YES

NO

SALARY/WAGE/HOURS: _____

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/StatutesINDEX.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.
- 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.

BACKGROUND INFORMATION DISCLOSURE (BID)

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 YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant)
 Household member / lives on premises - but not a client
 Applicant for a license or certification or registration (including continuation or renewal)
 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)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M / F)
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)	
Home Address			City	State	Zip Code
Business Name and Address - Employer or Care Provider (Entity)					

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 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 judgement 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 th 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 Yes, 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"/>
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 Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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.	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

SECTION A (continued)	YES	NO
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? > If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.	<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.

PRINT NAME – Required Individual

Date Submitted