



RED CLIFF CHIPPEWA HOUSING AUTHORITY

37645 New Housing Road Bayfield, WI 54814
(715) 779-3744 (715) 779-5044 Fax

Welcome

All applications must be completed when turned into the office. If something doesn't pertain to you, please put N/A. Please make sure all areas that require a signature are signed.

Please use pen and if you make a mistake, please cross out the error, initial and re-write, **no white out please.**

The checklist below is provided for your convenience. Please make sure you provide all information with your application.

NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING:

- COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- COPIES OF TRIBAL IDS FOR ALL HOUSEHOLD MEMBERS
- COPY OF SOCIAL SECURITY BENEFIT LETTER IF APPLICABLE
- PROOF OF INCOME
- BACKGROUND CHECK FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER.
- PROOF OF DISABILTY (IF APPLICABLE)
- PROOF OF VETERAN STATUS (IF APPLICABLE)
- PROOF OF HOMELESSNESS (IF APPLICABLE)

ALL INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED TO YOU TO COMPLETE.

If you need any assistance, please contact the Red Cliff Chippewa Housing Authority at 715-779-3744 and one of our Occupancy staff members can assist you.

Thank you for your inquiry.



RED CLIFF CHIPPEWA HOUSING AUTHORITY
37645 New Housing Road Bayfield, WI 54814
(715) 779-3744 (715) 779-5044 Fax

APPLICATION FOR HOUSING ASSISTANCE

DATE: _____ 20_____

TIME: _____

APPLICANT: _____

INTRODUCTION

The goal of the Red Cliff Chippewa Housing Authority is to provide clean, safe, adequate, and affordable housing for qualified *"FAMILIES"* and the *"ELDERLY."*

Rental and Homeownership programs are offered by the Red Cliff Chippewa Housing Authority to qualified families with *"Low-Incomes."*

SECTION 1 – Instructions

When filling out this application, please PRINT NEATLY and LEGIBLY with an **INK PEN** (no pencil please).

Answer all the questions by filling in the desired response, marking the appropriate block, or providing the narrative responses.

When requested to provide supporting documentation, please bring the originals to the Red Cliff Chippewa Housing Office. We will make copies, attach them to your application and return the originals to you.

Please enter "N/A" for items which do not apply
Each co-applicant over 18 years old must complete a separate application.

Housing Applying for: (Check all that apply.)

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Low Rent | <input type="checkbox"/> 6-Plex | <input type="checkbox"/> Tax Credit (Daley Road Division) |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> 4-Plex | <input type="checkbox"/> Tax Credit Rehab |
| <input type="checkbox"/> New Hope (Supportive Housing) | | |

Housing History:

Must show the last two (2) years of housing history

Current Address: _____
Address City State Zip Code

Rent or Own? _____ Monthly Payment: \$ _____ Dates: _____

Landlord Name: _____ Phone: _____

Previous Address _____
Address City State Zip Code

Rent or Own? _____ Monthly Payment: \$ _____ Dates: _____

Landlord Name: _____ Phone: _____

Sources of Income:

Check all sources of household income that apply. Attach additional sheets if necessary.

_____ **Employment wages or salaries**

Household Member: _____ Company: _____ Annual Amount: _____

Household Member: _____ Company: _____ Annual Amount: _____

Household Member: _____ Company: _____ Annual Amount: _____

_____ **Self-employment (Attach Federal Tax Return or Profit and Loss Statements)**

Household Member: _____ Type of Business: _____ Annual Amount: _____

Household Member: _____ Type of Business: _____ Annual Amount: _____

_____ **Military Pay**

Household Member: _____ Annual Amount: _____

_____ **Unemployment Benefits or Workman's Compensation**

Household Member: _____ Contact Person: _____ Monthly Amount: _____

_____ **Public Assistance (General Relief/TANF/Other)**

Household Member: _____ Contact Person: _____ Monthly Amount: _____

_____ Child Support List any **AWARDED** amounts—collected or uncollected. Additionally, list any support that is not court-ordered but is received directly from the payer.

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

_____ Alimony List any **AWARDED** amounts—collected or uncollected. Additionally, list any support that is not court-ordered but is received directly from the payer.

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

_____ **Social Security, SSI, other payments from Social Security Administration**

Household Member: _____ SSA Office: _____ Monthly Amount: _____

Household Member: _____ SSA Office: _____ Monthly Amount: _____

_____ **Veteran's benefits, pensions, retirement benefits or annuities**

Household Member: _____ Source: _____ Monthly Amount: _____

Household Member: _____ Source: _____ Monthly Amount: _____

_____ **Disability, death benefits or life insurance dividends**

Household Member: _____ Source: _____ Monthly Amount: _____

_____ Any other income sources or types not listed? Other sources could include severance payments, regular payments from a settlement, regular gifts from someone outside of the household, inheritances, payments from rental property or other forms of real estate holdings, etc.

Household Member: _____ Source: _____ Monthly Amount: _____

Household Member: _____ Source: _____ Monthly Amount: _____

If YOU or any other ADULT member of the household is claiming zero income, please indicate below:

Household Member: _____ Is income anticipated in the next 12 months? _____

Household Member: _____ Is income anticipated in the next 12 months? _____

Assets:

_____ Within the past 2 years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

If yes, please explain? _____

Complete the following table for all assets held by any household member (including minors). Asset types include, but are not limited to: Checking accounts, Savings Accounts, Money Markets, CDs, IRAs, 401(k)s, Stocks, Bonds, and Real Estate.

Household Member	Type of Asset	Where Held	Balance/Value

Student Information:

List all household members that are students:

Household Member: _____ School: _____ Full/Part-Time? _____

Household Member: _____ School: _____ Full/Part-Time? _____

Household Member: _____ School: _____ Full/Part-Time? _____

If ALL members are full time students, complete the following Yes/No questions:

_____ Are you married and filing a joint tax return? Please attach a signed copy of tax return.

_____ Are you receiving TANF (Temporary Assistance for Needy Families)?

_____ Are you enrolled in a Job Training Partnership Act (JTPA) or a similar county or state program?

_____ Are you a single parent with a child/children and neither you nor the child/children are dependents on someone else's tax return? Please attach a signed copy of tax return.

Other Information:

Is your household Homeless? _____ Yes/No

If yes, please explain:

Is the Applicant or any other household member classified as "LEGALLY DISABLED" or "HANDICAPPED" as defined by the U.S. Federal Government? _____ Yes/No

If yes, who are the Disabled/Handicapped Member(s)? _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Have you or any household member ever filed bankruptcy? _____ Yes/No

If yes, please explain:

Have you or any household member ever been evicted? _____ Yes/No

If yes, please explain:

Have you or any household member ever been convicted of a crime? _____ Yes/No

If yes, please explain:

Do you have any animals? If yes, what kind? _____ How many? _____

Acknowledgments

I understand that I, my Spouse (*Significant Other*) and any other member listed on my HOUSEHOLD COMPOSITION Form who is over 18 years of age must submit to a CRIMINAL BACKGROUND CHECK as part of the Application Process

_____ (*Applicant's Initials*)

I understand that the Red Cliff Chippewa Housing Authority will try to accommodate my preference(s) where possible. I also understand that units will be awarded as they become AVAILABLE. Failure to accept a unit, in a preference area that I have selected, WILL NOT result in my removal from the Red Cliff Chippewa Housing Authority waiting list, however, it will result in my being dropped to the bottom of that list.

_____ (*Applicant's Initials*)

I understand that the attached HUD form (HUD-9886) and R.C.C.H.A. form, both titled "*Authorization for Release of Information*" will be used to verify the information that I have provided on this application.

_____ (*Applicant's Initials*)

I understand that **EXTENDED FAMILY MEMBER(S)** listed on this Application will not be taken into consideration when determining dwelling size eligibility.

_____ (*Applicant's Initials*)

I understand that this APPLICATION IS ONLY VALID FOR A PERIOD OF TWELVE (12) MONTHS. If I do not update my application, my **APPLICATION WILL BE MOVED TO THE INACTIVE FILE.** Should I still desire Housing Assistance from the Red Cliff Chippewa Housing Authority, I must submit a new application.

_____ (*Applicant's Initials*)

I understand that Red Cliff Tribal members are preferred before non-tribal or non-native applicants. If I am a non-Red Cliff Tribal member family, I will only be offered a unit if there are no Red Cliff Tribal members on waiting list.

_____ (*Applicant's Initials*)

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for all Red Cliff Chippewa Housing Programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Red Cliff Chippewa Housing Program requirements.

All ADULT household members must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

RED CLIFF CHIPPEWA HOUSING AUTHORITY
37645 NEW HOUSING ROAD BAYFIELD, WI
54814

715-779-3744-TELEPHONE
715-779-5044 FAX

THANK YOU FOR YOUR INTEREST IN THE RED CLIFF CHIPPEWA HOUSING PROGRAMS



RED CLIFF CHIPPEWA HOUSING AUTHORITY

37645 New Housing Road Bayfield, WI 54814
 (715) 779-3744 (715) 779-5044 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION (ROI)

PURPOSE: The Red Cliff Chippewa Housing Authority (RCCHA) may use this Authorization and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing program rules and policies.

PROGRAMS COVERED: Any and all programs that RCCHA administers, including but not limited to those identified below.

1. Rental Housing
2. Homeownership Programs
3. Rental Assistance or Down Payment Assistance
4. Federal Loan & Loan Guarantee Programs (VA, HUD Sec 184, Rural Development Section 502, 504, etc.)
5. Home Rehab/Repair Programs

AUTHORIZATION: I authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above-named programs. Additionally, I authorize the Red Cliff Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation in any of the above-listed programs. I further authorize the RCCHA to release information to individuals or organizations described below.

INFORMATION COVERED: Inquires may be made and information provided on the following types of information: (Note: This list is an example of routine documents/information but may not be an all-inclusive list. Signature on this ROI authorizes RCCHA to acquire any information necessary to determine eligibility for programs/services.)

Mortgage Loan Approvals	Family Composition	Benefits (federal, state, tribal, local, etc.)
Loan Paperwork	Marital Status	Employment, Wages
Program Applications/Eligibility Docs	Criminal History/Activity	W-2 Payments
Delinquency Notices (rent, loans, utilities, etc.)	Social Security Numbers	G.A. Payments
Foreclosure Notices		Unemployment Compensation
		Pensions & Assets
		Handicapped Assistance Expenses

EFFECTIVE DATE:

- Applicants that become tenants - this ROI is effective for the entire length of their tenancy, even if the tenant transfers to a different RCCHA unit.
- Applicants who apply but are denied/disapproved for services - this ROI is effective for 120 days beyond the date of signature on this form.

- Applicants for assistance programs that are not RCCHA tenants but are approved & receive services from a RCCHA administered program - this ROI is effective for 1 year beyond the date that services are received (to allow for necessary programmatic reporting, effective project completion).

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION OR TO WHOM INFORMATION MAY BE RELEASED: Any individual or organization, including any governmental organization, may be asked to release information and the RCCHA may be asked to release information to such agencies. Examples of such agencies/organizations, include but are not limited, to those listed below:

All Types	Past & Present	Providers of
Financial Institutions	Employers	Alimony
Courts & Law Enforcement Agencies	Landlords	Child Care & Child Support
Credit Bureaus	Utility Companies	Credit
Welfare Agencies & Service Providers	Schools/Colleges	Medical Care
Govt. Agencies (BIA, HUD, I.H.S, USDA, etc.)		Pensions & Annuities
Tribal Health, Social Service, ICW Programs		

CONDITIONS: I, agree that photocopies of this authorization may be used for the purpose stated above. I, also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

Applicant/Leaseholder/Potential Leaseholder

_____	_____	_____
Name (Please Print)	Signature	Today's Date
_____	_____	_____
Birth Date	Social Security Number	

Applicant's/Leaseholder's/Potential Leaseholder's Spouse/Significant Other, Friend

_____	_____	_____
Name (Please Print)	Signature	Today's Date
_____	_____	_____
Birth Date	Social Security Number	

Other Adult/Tenant/Applicant (18 Years of Age or Older)

_____	_____	_____
Name (Please Print)	Signature	Today's Date
_____	_____	_____
Birth Date	Social Security Number	

Other Adult/Tenant/Applicant (18 Years of Age or Older)

_____	_____	_____
Name (Please Print)	Signature	Today's Date
_____	_____	_____
Birth Date	Social Security Number	

The Red Cliff Chippewa Housing Authority (RCCHA) or any employee of the RCCHA may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this form. Use of the information collected based on this form is restricted to the purposes cited on the form hereon.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Colleen M. Hyde, Housing Services Manager
Red Cliff Chippewa Housing Authority
37645 New Housing Road
Bayfield, WI. 54814

715-779-3744
Fax: 715-779-5044

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration (including continuation or renewal) Other – Specify: HOUSING

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.
 Note: The areas below that are designated for responses are expandable.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

- 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. Yes No
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

- 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. Yes No
 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.

- IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.
 If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.
 Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? Yes No
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

- | | | |
|--|---|--|
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <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 Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <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 Yes, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|--|---|--|
| <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 Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <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 Yes, explain, including when and where it happened and the reason.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <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 three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

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