

Background Check Request Application Guide

The following is a step-by-step guide to completing the Background Check Request application.

1. Go to <https://wi.accessgov.com/wisdhs/Forms/Page/dhsdqa/backgroundcheckrequest>

2. Answer the questions.

REMINDER: This Background Check Request application should not be used to request caregiver background check results for employees, contractors, other persons serving as caregivers, or students completing clinical work.

3. Click “Log in to Start Form >” button to progress.

The screenshot shows the 'Background Check Request' application page. It includes a 'Welcome!' message, a list of eligible users (license holders, legal representatives, rehabilitation review, non-client residency), and the total cost (\$15.30). An 'Important Note' states that the system cannot be used for caregiver background checks. There are two questions: 'Are you attempting to complete a background check for an employee / contractor / other person serving as a caregiver?' and 'Are you a student seeking a background check in order to qualify for clinical work?'. Both have radio buttons for 'Yes' and 'No'. A 'Log in to Start Form >' button is at the bottom, along with a 'Home' button.

4. To complete the application, the applicant must log in to AccessGov. Click “Public User” to log into the system.
5. If you already have an account through MyWisconsin ID, log in using that account email and password. If you do not have an account, click on “Sign up” to create your account and follow the sign up instructions before returning to this log in page. The screenshots below show a user that is already has a MyWisconsin ID.
6. MyWisconsin ID includes multi-factor authentication that must be set up during sign up. You will be asked to provide a code in order to log in.

The first screenshot shows the 'ACCESSGOV' login page with the 'Public User' button. The second screenshot shows the 'MyWisconsin ID Sign In' page with an email address field and a 'Next' button. The third screenshot shows the 'Verify with your password' page with a password field and a 'Verify' button.

7. Once signed in, you will be taken to the Background Check Request application “Request” page.

All the pages that are necessary to complete for the application are listed on the left-hand side of the application. Each page can be navigated through separately at any time by clicking on the page name. Completed pages will have a green check mark beside the page name. **All pages must be fully completed before the application can be finalized through payment.**

8. Select one of the options under type of request.
 - a. **“Initial”** - the applicant is completing an entity background check in association with the licensing/certification of a new entity, a new board appointment, or upon becoming a non-client resident of a new or existing entity.
 - b. **“Renewal”** - an existing provider is renewing their entity background check.
 - c. **“Change in status”** - when a new entity operator has replaced an old one or as part of a change of ownership (CHOW) process.
 - d. **“Rehabilitation Review”** - when a background check is being requested as part of a rehabilitation review application.
9. Click “Next.”
10. Fill in the information about subject of the background check.
11. Under Type, select one of the options.

- a. **Entity Operator (licensee, certificate holder, owner)** refers to the individual who holds the license to operate the entity. All entities must have at least one designated Entity Operator. The Entity Operator does not need to have regular, direct contact with clients/patients/residents.
- b. **Representative (legal representative, board member, principal officer)** refers to any persons who are associated with the ownership of an entity. Board members are not required to have an entity background check unless they have regular, direct contact with clients/patients/residents.
- c. **Non-Client Resident** refers to any person over the age of 10 years who resides in an entity but is not a client of the entity.
- d. **Rehabilitation Review Applicant** refers to any person who is applying for a rehabilitation review.
- e. Be sure to fill in the fields accurately and answer all required fields.

12. Click “Next.”
13. Ensure the email address as it appears on this page is accurate. All automated emails will be sent to this email address, so make sure it is the email address that you wish to use to receive automated notices. Make updates to this email address as desired and ensure there are no typos.
 - a. **REMINDER:** Automated emails sent from this system must be saved and provided to DQA staff upon request. Ensure this contact email is accurate so emails can be received and saved.
14. Click “Next.”

15. Include any other names the individual has gone by here.

16. Clicking “Yes” bubble will bring up the required fields.

17. Once all information has been entered as applicable, click “Next.”

18. Enter entity information. If multiple entities are associated, click “Yes” under “Do you wish to include additional entities?” to enter the next entity.

19. Be sure to include the correct license number if there is a license number assigned.

- Use the link “Search existing license number” to use the [DQA Provider Search](#) to locate the correct license number for the entity.

20. Once all facilities are added, click “Next.”

21. There are 12 questions that must be answered as “Yes” or “No.”

22. If “Yes” is checked, you must answer the next questions and upload all required documents when requested.

23. **Question 1** allows a Criminal Complaint to be uploaded when there is a pending criminal charge.
- Only criminal pending charges must be disclosed here.
 - If there are additional charges to report, click “Yes” under “Do you have additional charges?”

1. Do you have any criminal charges pending against, including in federal, state, local, military, or tribal courts?*

☒ Yes
☐ No

Court City * Court State * Date of Charge *

ⓘ Court City is required. ⓘ Court State is required. ⓘ Date of Charge is required.

Describe the charge *

ⓘ Describe the charge is required.

Upload Criminal Complaint

No file chosen

Do you have additional charges?*

☐ Yes
☐ No

ⓘ Do you have additional charges? is required.

24. **Question 2** requires that a Criminal Complaint and Judgement of Conviction must be uploaded if there is a criminal conviction.

- Criminal Complaints and Judgements of Conviction are documents that can **only** be obtained from the County Clerk of Courts Office where the conviction occurred.
- Do not upload CCAP records** in place of the Criminal Complaint and Judgement of Conviction.
- If the conviction is very old, it must still be disclosed, but the Clerk of Courts may no longer have the Criminal Complaint or Judgement of Conviction. In such cases, you must upload either a letter or an email from the Clerk of Courts office that states no records could be found.
- If there are additional convictions, click “Yes” under “Do you have additional convictions?”

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?*

☒ Yes
☐ No

Court City * Court State * Conviction Date *

ⓘ Court City is required. ⓘ Court State is required. ⓘ Conviction Date is required.

Describe the crime *

ⓘ Describe the crime is required.

You must upload the criminal complaint. *

No file chosen

ⓘ You must upload the criminal complaint. is required.

You must upload the judgment of conviction. *

No file chosen

ⓘ You must upload the judgment of conviction. is required.

Do you have additional convictions? *

☐ Yes
☐ No

ⓘ Do you have additional convictions? is required.

25. **Question 3** requires only a written explanation if “Yes” is checked.

3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? 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.*

☒ Yes
☐ No

City * State * Date of Incident *

ⓘ City is required. ⓘ State is required. ⓘ Date of Incident is required.

Describe the finding *

ⓘ Describe the finding is required.

26. **Question 4** requires only a written explanation if “Yes” is checked.

4. Has any government or regulatory agency ever found that you abused or neglected any person?*

☒ Yes
☐ No

City * State * Date of Finding *

ⓘ City is required. ⓘ State is required. ⓘ Date of Finding is required.

Describe the finding *

ⓘ Describe the finding is required.

27. **Question 5** requires only a written explanation if “Yes” is checked.

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (stole, improperly took, or used) the property of a person?*

☒ Yes
☐ No

City * State * Date of Finding *

ⓘ City is required. ⓘ State is required. ⓘ Date of Finding is required.

Describe the finding *

ⓘ Describe the finding is required.

28. **Question 6** requires only a written explanation if “Yes” is checked.

6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?*

☒ Yes
☐ No

City * State * Date of Finding *

ⓘ City is required. ⓘ State is required. ⓘ Date of Finding is required.

Describe the finding *

ⓘ Describe the finding is required.

29. **Question 7** requires only a written explanation if “Yes” is checked.

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?*

☒ Yes
☐ No

Name of Credential * Limitation From Date * Limitation To Date *

ⓘ Name of Credential is required. ⓘ Limitation From Date is required. ⓘ Limitation To Date is required.

Describe the limitation *

ⓘ Describe the limitation is required.

30. **Question 8** requires only a written explanation if “Yes” is checked.

8. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?*

☒ Yes
☐ No

City * State * Date *

ⓘ City is required. ⓘ State is required. ⓘ Date is required.

Describe the Limitation/Denial/Revocation *

ⓘ Describe the Limitation/Denial/Revocation is required.

31. **Question 9** requires only a written explanation if “Yes” is checked.

9. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?*

☒ Yes
☐ No

City * State * Date *

ⓘ City is required. ⓘ State is required. ⓘ Date is required.

Describe the Denial or Restriction *

ⓘ Describe the Denial or Restriction is required.

32. **Question 10** only requires that the DD-214 form be uploaded **if** the Date of Discharge is within the last 3 years **and** the Discharge Type is anything other than Honorable.

10. Have you been discharged from a branch of the US Armed Forces in the last 3 years, including any reserve component?*

☒ Yes
☐ No

Date of Discharge * Discharge Type *

Upload discharge documentation (e.g., DD-214) *

No file chosen

ⓘ Upload discharge documentation (e.g., DD-214) is required.

33. **Question 11** requires that a criminal history report from another state or US territory if the individual is currently or has lived in another state within the last 3 years.
- a. If you lived in another country outside the US, that does not need to be disclosed.

11. Have you resided outside of Wisconsin in the last three years? *

☒ Yes
☐ No

State * Date From * MM-DD-YYYY Date To * MM-DD-YYYY

ⓘ State is required. ⓘ Date From is required. ⓘ Date To is required.

You must upload a background check from that state, or a document describing why you are unable to do so. *

No file chosen

ⓘ You must upload a background check from that state, or a document describing why you are unable to do so. is required.

34. **Question 12** requires only a written explanation if “Yes” is checked.

12. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, a school board, or a DHS designated tribe? *

☒ Yes
☐ No

Review Outcome * -- Select an option -- Review Date * MM-DD-YYYY

ⓘ Review Outcome is required. ⓘ Review Date is required.

Describe *

ⓘ Describe is required.

35. Once all 12 questions have been answered and all required documents have been uploaded as applicable, click “Next” to continue.

36. If you are completing the application on someone else’s behalf, click “Yes” to the first question and fill in (for example, HR staff completing for Entity Operator, parent of Non-Client Resident completing for the Non-Client Resident, etc.)
37. Read and affirm or acknowledge understanding of the other two disclaimers in order to continue.
38. Click “Next” to continue.

Background Check Request

Are you completing this application on someone else’s behalf? *

☐ Yes
☐ No

Do you affirm that you have provided truthful, complete and accurate information? *

☐ Yes

Do you understand that providing false, incomplete, or inaccurate information may result in forfeitures, findings of ineligibility, and other sanctions as provided by law? *

☐ Yes

< Previous Save and Exit Next >

Introduction
Request
Applicant
Contact
Aliases
Entity
Disclosures
Affirmations
Review
Proceed to payment Delete

39. Review the information submitted for accuracy, then scroll down and select “Proceed to payment” at the bottom of the page to submit payment and finish the application.
40. The cost for the entity background check is **\$15.30** when payment is made by debit or credit card or **\$15** when payment is made by electronic check.
41. Fill in all required payment information, complete the CAPTCHA verification, and click “Submit Payment” to pay the required fee and submit the complete Entity Background Check application.

Background Check Request

Request

Select the type of request you are submitting *

☒ Initial
☐ Renewal
☐ Change in status
☐ Rehabilitation Review

Applicant

Type *

☒ Entity Operator (licensee, certificate holder, owner)
☐ Representative (legal representative, board member, principal officer)
☐ Non-Client Resident
☐ Rehabilitation Review Applicant

First Name: Middle Name: Last Name: Suffix:

Date of Birth: Race: Sex:

Phone: Email:

Contact

Important note: Once you complete this application and pay the required fee, you will receive an email confirming receipt of the application. Once your application has been processed, we will also email you the outcome of our review.

I request that communications about my application be emailed to the following address:

Proceed to payment Delete

Quick Tips

The application has a time-out for security purposes. If you get timed out during your application, you will see a notice that you have been logged out. Click “Login” to access the application again.

If you see a yellow warning symbol on any section, go back to that section and fill in any missing fields. You will not be able to finish the application until all sections have a green checkmark beside them.

✓ Entity
⚠ Disclosures
Affirmations

If you need to step away from the application at any point, click “Save and Exit” to save the in progress application to your AccessGov account. To access in progress applications, log into AccessGov using your login credentials and click Home if you are not already on your Home page.

You will see all in progress applications under the “To Do” tab. Click “Continue” on any in progress applications you wish to complete. Click “Delete” on any in progress applications you wish to remove.



Search

Home

Directory

My Forms

To Do 3

In Progress 1

Done

DHS - Background Check Request (entity operators, non-client residents, rehabilitation review applicants)

9/24/2024, 3:40:42 PM

Continue Delete

Background Check Request

DHS - Background Check Request (entity operators, non-client residents, rehabilitation review applicants)

9/20/2024, 11:33:36 AM

Continue Delete

Background Check Request

DHS Rehabilitation Review Application

9/3/2024, 1:38:25 PM

Continue Delete

DHS Rehabilitation Review Application

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Use the search bar, guided search, or directory to interact with government-related applications and content.

Click on the “In Progress” tab to see any applications that are currently in progress and see what the status is of that application. You can also download all related application documentation and check the date of submission.

My Forms

To Do 3

In Progress 1

Done

DHS - Background Check Request (entity operators, non-client residents, rehabilitation review applicants)

9/16/2024, 1:56:50 PM

Download

DQA Review

What do I need to keep after I submit the request for a DQA background check?

After payment has been submitted, an automated email will be generated to the specified contact email address. **Save a copy of that email for your entity's files** unless the background check was submitted for a rehabilitation review.

Individuals who are applying for rehabilitation review will need to upload a copy of the automated email to the appropriate background check upload section of the rehabilitation review application.

Once the application has been reviewed by DQA staff, you will receive another automated email that indicates the outcome of that review. **Save a copy of that email for your entity's files** unless you requested a background check for a rehabilitation review.

Unless the background check was requested for a rehabilitation review, **save these emails for 4 years**. DQA staff may request copies of one or both automated emails as proof that a request was submitted appropriately.

Every 4 years, if the entity is still regulated by DQA, the background check must be renewed by submitting a new background check request for the current entity operator(s), legal representative(s), board member(s) with client contact, and any non-client residents aged 10 or older as part of the required 4-year renewal.

DQA may also require that a new request be submitted at any time within the 4-year period if more frequent background checks are required for the specific entity type or when DQA has reason to believe there has been a change of status for the entity or the applicant.

Contact Information

For questions about entity background check requirements or the online background check application, please email dhsdqabackgroundchecks@dhs.wisconsin.gov.

For questions about regulations, licensing, or certification requirements, please contact the appropriate DQA regional office.