WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 11/10/05	Reviewed: 8/20/09 By: PE Last Revision: 9/1/09	Section: PROVIDER NETWORK	Policy No: 055	Pages: 1 of 4 (6 Attachments)
☒ Wraparound ☒ Wraparound/REACH ☒ FISS	Effective Date: 1/1/10	Subject: SUPPORTED WORK ENVIRONMENT / JOB COACH			

I. POLICY

It is the policy of Wraparound Milwaukee/REACH/Family Intervention Support & Services (FISS) that individuals in need of Supported Work Environment/Job Coach services receive these services per the established guidelines.

This service is primarily a one-to-one service and is time limited (not to exceed six months) unless otherwise authorized by Wraparound Milwaukee/REACH/FISS.

In the rare event that a Supported Work Environment/Job Coach may be seeing two or more clients simultaneously on the same date/same time, the total time spent with those clients must be divided equally among them when billing.

II. PROCEDURE

A. Definition.

A Supported Work Environment/Job Coach provider's role is as follows:

1. To provide a supported work and training environment for Wraparound Milwaukee/REACH or FISS youth and/or siblings ages 14 to 18, or a parent/legal guardian who is in need of intervention and support on the job.
2. The Provider Agency must be able to provide vocational and functional assessments, job training, career planning, and job exploration and placement, perform job searches and engage the client in interviewing and resume writing/skill development. Upon completion of the service, an electronic copy of a resume **must** be made available to the client.
3. services rendered must be congruent with the needs of the client as identified on the Plan of Care (Wraparound/REACH) or the Treatment Plan (FISS).

B. Requirements.

1. Agency.

a. During the application process, the Provider Agency must provide a training curriculum and a description of the process to be used to assist clients in job placement.

b. During the application process, applicants must show evidence of training/experience/education specific to the provision of this service.

2. Provider.

a. Individual Providers of this service must possess a High School Diploma or GED and must have at minimum three years work force experience and at least one year experience in providing same/similar type services.

b. **Prior to the provision of service**, a **Statewide Criminal Background Check** must be completed on all Supported Work Environment/Job Coaches (*see Attachment 1*). A copy of the Background Check must be kept in the employee's personnel file. The Agency will be held accountable for ALL requirements/processes referred to in the Background Check handout. A complete Background Check includes the following three components:

1) A completed HFS-64 Background Information Disclosure form (BID form).
2) A Department of Justice (DOJ) Criminal History Record Request.
3) A Department of Health & Family Services (DHFS) letter regarding the status of a person's administrative finding or licensing restrictions.

The Background Check must ALSO meet the requirements set forth in the Milwaukee County Caregiver Resolution (*see Attachments 2 & 3*).

c. **For those Supported Work Environment/Job Coaches that will be transporting clients, a Department of Motor Vehicle Driving Abstract** must be completed **prior to the provision of services** (*see Attachment 4*). A copy of a valid Wisconsin Driver's License and a copy of the Supported Work Environment/Job Coach's current automobile insurance must be kept in the employee's personnel file.

It is expected that the Provider Agency will assist the client in getting to the jobsite and/or in making arrangements for transportation to the jobsite, as needed.

3. Client File.

a. **Every Client** should have his/her own file. Files must be maintained as outlined in the Vendor Responsibilities & Guidelines Policy #054.

b. The Agency **must** receive a **PROVIDER REFERRAL FORM** (Wraparound Milwaukee/REACH and FISS Services each have their own) from the Care Coordinator/FISS Manager **prior to the provision of services**. The Referral Form must be filled out in its entirety. A copy or original must be kept in the client's file.

c. A **CONSENT FOR SERVICE** form must be completed on every client **prior to the provision of services**. The consent should **be dated and signed by the client and must be signed by the legal guardian, if the client is a minor**. **If the client is an adult**, he/she must sign and date the Consent. The Consent must specify the Agency providing the service, the service being provided and any other special requirements set forth by the Agency/client. All Consents authorize service for one year from the date of signing. As services should, on average, last 6 months or less, one signed Consent should be sufficient. In very rare occasions, if services go beyond the one-year (12 months) timeframe, another Consent must be signed. The Consent for Service must be kept in the client's file.
NOTE: The Agency is expected to create their own "Consent for Service" form. The Wraparound Milwaukee Quality Assurance Department is willing to review the Agency's form for completeness.

d. If a client is going to be transported, a completed TRANSPORTATION CONSENT FORM (*see Attachment 5*) must be in the client's file prior to the first transport. The Consent should be dated and signed by the client and must be signed by the legal guardian, if the client is a minor. If the client is an adult, he/she must sign and date the Consent.

4. Documentation.

A weekly summary note is permissible. The Provider Agency can establish their own note format, but the note **must** include the following information (*see Attachment 6 – Sample Weekly Progress Note)*:

a. Agency letterhead that includes that the service being provided is Supported Work Environment – 5560.

b. If the client is Wraparound Milwaukee/REACH or FISS.

c. Month/year service is being provided.

d. The client's name (if the client is a sibling/caregiver of the identified enrollee, then the identified enrollee's name must also be referenced).

e. All dates (example – 10/29/03) of when the client was seen face-to-face or when any work was done on behalf of the client (i.e., job searches, phone calls/contact with collateral's/potential employers, etc.).

f. The total number of service hours provided for that week.
***Note**: Although a total amount of service time is being noted, the actual time spent providing the services to the client or on behalf of the client for all of the dates of service*

listed, must be referenced either within the context of the note or can be kept separately on some type of monthly client log. If the Agency desires to use a separate logging system to record the specific daily amount of service time spent with the client or on behalf of the client, the total hours for the month on that log must correlate with the "Total time seen for the week" area on the note. The log must then be attached in some way to the note. This is necessary for auditing purposes.

g. The body of the note must reference the specific tasks/calls/contacts engaged in/made related to the identified client's vocational needs and goals. (*These needs/goals should correlate with what is on the Plan of Care for Wraparound/REACH or on the Treatment Plan for FISS.*)

h. The Provider's signature (i.e., full name – or at minimum first initial and full last name – and credentials, if applicable).

i. Notes must be kept in chronological order with the most recent week's note on top.

Note: If more than one Provider at the Agency is involved in working with the same client during the month, both Providers are responsible for documenting their own interactions with/for the client as referenced above. The total time billed for that client for that month should equal the total service time of both of those Providers.

Reminder: The use of "white out" on the Progress Report Log is NOT permissible. Errors must be corrected using a straight line to strike out the error, with that error being date and initials (Example – ~~Contact~~ C.W. 11/16/04).

5. Billing.

a. **Face-to-face** contact with the client, whether in the office, on a jobsite, transporting to a job interview, etc., **IS billable**. This includes Child & Family Team meetings, Plan of Care meetings and any other meeting in which the youth/family is being discussed and **is present**. The time spent at such meetings should be billed at the established hourly rate.

b. Time spent (including drive time) engaging in work on behalf of a client (i.e., internet job searches, talking/meeting with prospective employers, picking up job applications) **IS billable**.

c. Phone/written or email contact with a client and/or attempts at contacting a client are **NOT billable**, but should be documented.

d. Transportation time to and from the client contact is **NOT** billable.

e. Client "No Shows" are **NOT billable**, but should be documented.

f. Time spent talking with and/or attempting to contact Care Coordinators is **NOT billable**, but should be documented.

g. An Agency can bill to the 10th of an hour (i.e., .1 = 6 minutes, .2 = 12 minutes, .3 = 18 minutes, .4 = 24 minutes, .5 = 30 minutes, etc.) It should not be assumed that one must bill in quarter hour increments.

C. Miscellaneous.

In the event that an Agency has "employed" a client in "work" at that Agency (i.e., doing ongoing office cleaning or maintenance) as a job-training experience, the following guidelines must be followed:

1. The Agency must actually hire the client as an employee. This includes completing all necessary employment paperwork and interviews, including completion of a complete Background Check.
2. The client must be paid accordingly for work performed.
3. In an effort to avoid a conflict of interest/assure ethical work boundaries are being maintained, the person supervising the client and his/her job performance should **NOT** be the identified Supported Work Environment/Job Coach provider.
4. Employing the client at the Agency should not be a long-term employment situation. The role of the Supported Work Environment/Job Coach provider/Agency is to assist the client in getting

community-based sustaining employment.

Any/all of the above requirements may be audited by Wraparound Milwaukee/FISS, the State of Wisconsin, Milwaukee County and/or any program-affiliated auditing body.

Reviewed & Approved by:_____
Bruce Kamradt, Director

Bar with Rehabilitation Offenses

Caregivers with convictions of serious crimes or a history of improper behavior are barred from working in facilities regulated by the Department, unless they are approved through the Rehabilitation Review process.

Only those crimes and offenses on the Offenses List www.dhfs.wisconsin.gov/caregiver/statutesINDEX.htm and comparable crimes and offenses from other states or other jurisdictions are bars to employment, regulatory approval, or non client residency. An employer may determine if any conviction not on the Offenses List is substantially related to the duties of the job, and may refuse to hire a candidate for that reason.

Complete Background Check

A **complete caregiver background check** consists of the following documents:

1. A completed HFS-64 Background Information Disclosure (BID) form;
2. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request, either
   - a "no record found" response ***or***
   - a criminal record transcript; ***and***
3. A letter from the Department of Health and Family Services (DHFS) that reports the status of a person's administrative findings or licensing restrictions.

Other documentation must be obtained by the entity when information is required to complete the background check, such as military discharge papers, other state's convictions, tribal court criminal records, arrest and conviction disposition information from county clerks of courts or tribal courts.

Public Record Information

Caregiver background checks are public records and may be shared with the applicant, employee, or student. Entities must maintain the completed background check and provide it to DQA staff upon request. In cases where the background checks have been conducted within the previous four years, entities are **required** to share the background checks with other entities upon request.

CONTACT INFORMATION

Questions about background checks on employees and contractors ***or*** questions about offenses that affect caregiver eligibility?	**Office of Caregiver Quality (OCQ)** Division of Quality Assurance P.O. Box 2969 Madison, WI 53701 Phone: (608) 261-8319 FAX: (608) 264-6340 E-mail: caregiver_intake@dhfs.state.wi.us
Questions about background checks on owners and non client residents?	**Entity Background Checks** Division of Quality Assurance P.O. Box 2969 Madison, WI 53701 (608) 261-8319 E-mail: caregiver_intake@dhfs.state.wi.us
Questions about background checks on child care providers?	**Bureau of Regulation & Licensing** Div. of Children & Family Svrcs. (608) 266-9314
Questions about the Rehabilitation Review Process?	**Office of Legal Counsel** Phone: (608) 266-8428 E-mail: rehabrc@dhfs.state.wi.us
Questions about non credentialed caregivers with substantiated finding(s) of misconduct?	**Wisconsin Nurse Aide Registry** http://www.pearsonvue.com Phone: (866) 329-8760
Other questions?	**See our web site:** http://dhfs.wisconsin.gov/caregiver/index.htm **or** http://www.dhfs.state.wi.us (Select on "Topics A-Z," "C," and then "Caregiver Program.")

Making a difference.

BACKGROUND CHECKS

For Entities Regulated by the Division of Quality Assurance

in

WISCONSIN'S CAREGIVER PROGRAM

STATE OF WISCONSIN
Department of Health and Family Services
Division of Quality Assurance
Office of Caregiver Quality

February 2008

PQA-3159 (Rev. 02/08)

Wraparound Milwaukee - Supported Work/Job Coach Policy Attachment 1

WISCONSIN CAREGIVER PROGRAM

This is an overview of the background check requirement of Wisconsin's Caregiver Program for entities regulated by the Division of Quality Assurance (DQA). For more detailed information, please see the Caregiver Program website at

http://dhfs.wisconsin.gov/caregiver/index.htm

or the "Contact Information" box on the back of this brochure.

CAREGIVER BACKGROUND CHECKS

The Wisconsin Caregiver Program responds to the concern in Wisconsin and around the nation about the potential for physical, emotional, and financial abuse of vulnerable citizens by persons who have been convicted of serious crimes or have a history of improper behavior.

The Caregiver Law is intended to protect clients in health care settings from misconduct (abuse, neglect, or misappropriation of property) by requiring employers and licensing agencies to:

- Conduct caregiver background checks;
- Closely examine the results of the caregiver background checks for criminal convictions or for findings of misconduct by a governmental agency; and
- Make employment and licensing decisions based on the results of the background checks in accordance with the requirements and prohibitions in the law.

Therefore, the Caregiver Law requires two types of caregiver background checks:

- Those completed by entities on their employees and contractors, and
- Those completed by DQA on license holders and non client residents of DQA regulated entities.

Employees as Caregivers

A caregiver is a person who meets all of the following:

- Is employed by or under contract with an entity;
- Has regular, direct contact with the entity's clients or the personal property of the clients;
- Is under the entity's control.

Entities must complete a caregiver background check for those employees who have regular, direct contact with clients. This includes employees who provide direct care and may include housekeeping, maintenance, dietary, and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

To complete caregiver background checks on employees and contractors, the entity must:

1. Require every prospective employee or contractor to complete an HRS-64 Background Information Disclosure (BID) form prior to working as a caregiver. A "clean" BID is one with no convictions of a crime that require a Rehabilitation Review or license limitations (no findings by a governmental agency of abuse, neglect, or misappropriation). Individuals with a "clean" BID may work up to 60 days while the employer completes the caregiver background check process. ***Retain the completed HFS-64 BID form.***

   Follow these special instructions for the following individuals or circumstances:

   - **Minors.** Minors must complete a BID, but the entity is not required to submit a request to the Department of Justice when the BID is "clean."
   - **Students.** Students must complete a BID, but the entity is not required to submit a request to the Department of Justice for those with a clinical placement of less than 60 days when the BID is "clean."
   - **Military Service.** The entity must obtain a copy of the military discharge papers (DD214) from a caregiver who was discharged from the military.
   - **Out-of-State Residency**. The entity must make a good faith effort to obtain other states' conviction records for caregivers who resided in states other than Wisconsin during the three years proceeding the date of the search.

2. Submit a **Wisconsin Criminal History Record Request** (DJ-LE-250 or 250A) to the Department of Justice (DOJ). Mail the (1) completed Record Request, (2) appropriate fee, and (3) a self-addressed and stamped return envelope to:

Crime Information Bureau
ATTN: Record Check Unit
P.O. Box 2688
Madison, WI 53701-2688

Department of Justice (DOJ) account holders may request this information on the Criminal History Record Check website at:

http://wi-recordcheck.org

Entities may access a Wisconsin DOJ conviction report from records maintained by the Department of Health and Family Services. Entities may also access a letter from the Department stating whether the person has any governmental findings or license limitations.

Entities must obtain the final disposition of any offense whose disposition is incomplete or unclear. Entities must also contact the appropriate County Clerk of Court for a judgment of conviction and criminal complaint related to any crime that is disclosed on a BID form but which does not appear on the DOJ Criminal History Report.

Caregiver Background Checks

Just as entities are required to conduct caregiver background checks on employees, the Division of Quality Assurance is required to conduct caregiver background checks on the following:

- Anyone who is the license holder/legal representative of an entity, whether or not they have regular, direct contact with clients;
- Anyone who is a board member or corporate officer who has regular, direct contact with clients served;
- Anyone 10 years of age and older who lives in a facility but is not a client (non client resident).

When contacted to do so by the Division of Quality Assurance, entities must:

1. Require each applicable person to complete an HFS-64 BID form and an HFS-69 Appendix form, and
2. Submit (1) the completed BID and Appendix forms; (2) military discharge papers, if needed, and (3) a $7.50 processing fee for each person to

Entity Background Checks
Department of Health & Family Services
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969

RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements are required to certify, by written statement to the DHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks are to be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.

2. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements re required to certify, by written statement to the DHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHS or its designee; and, that the DHS or its designee shall be provided, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.

3. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which do not provide to the DHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents

4. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001; and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.

5. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following

offenses shall notify the DHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.

7. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.

8. DHS contract agency employees and employees of agencies/organizations with which the DHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHS or its designee within two (2) business days of the actual arrest.

9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.

10. The DHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.

11. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHS or its designee immediately.

12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

Certification Statement – Resolution Regarding Background Checks on Employees of DHHS Contract Agencies and Agencies/Organizations having Reimbursable Agreements Providing Direct Services to Children and Youth

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CERTIFICATION STATEMENT
RESOLUTION REGARDING BACKGROUND CHECKS

This is to certify that _____ has:
(Name of Agency/Organization)

(1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"

(2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,

(3) is in compliance with the provisions of the Resolution requiring background checks.

_____
(Authorized Signature of Person Completing Form) (Date)

_____
(Title)

RETURN SIGNED FORM WITH 2007 FEE-FOR-SERVICE AGREEMENT

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

Chapter DHS 12

APPENDIX A

OFFENSES AFFECTING CAREGIVER ELIGIBILITY SEPTEMBER, 2000

INTRODUCTION

This document lists Wisconsin crimes and other offenses that the Wisconsin State Legislature, under the Caregiver Law, ss. 48.685 and 50.065, Stats., has determined either require rehabilitation review approval before a person may receive regulatory approval, may work as a caregiver, may reside as a nonclient resident at or contract with an entity, or that act to permanently bar a person from receiving regulatory approval to be a foster parent.

Note: This table reflects changes in the caregiver law made by 1999 Wisconsin Act 9.

If a person has been convicted of a crime in another state or jurisdiction, the entity or regulatory agency must locate on the table below the Wisconsin crime that is identical or most similar to the crime for which the person was convicted and apply the consequence identified. This instruction also applies if the person was convicted in Wisconsin, but the statute number or crime title has been changed or amended. For example, convictions under Chapter 961, the Uniform Controlled Substances Act, were previously convictions under Chapter 161.

Notwithstanding s. 111.335, Stats., ss. 48.685 (5m) and 50.065 (5m), Stats., permit a regulatory agency to deny regulatory approval or an entity to refuse to employ, contract with or permit to reside at the entity a person whom the regulatory agency or entity determines has been convicted of a crime that is "substantially related" to the care of a client. The agency or entity may review a conviction to make that determination when: (a) The person has been convicted in Wisconsin or another state or jurisdiction of any crime that is not listed in this appendix; or (b) The person has been convicted of a crime that is listed in part III. of this appendix for foster care purposes only.

Under the Caregiver Law, current limitations on a person's professional credentials may limit the person's eligibility for employment or licensure in a position for which the person must be credentialed by the department of regulation and licensing.

If a Background Information Disclosure form, a caregiver background check, or any other information shows that a person was convicted of any of the offenses immediately below within 5 years before the information was obtained, the department, county department, child welfare agency, school board, or entity, as applicable, shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgment of conviction relating to that conviction.

940.19 (1)	Misdemeanor battery
940.195	Battery to an unborn child
940.20	Battery, special circumstances
941.30	Reckless endangerment
942.08	Invasion of privacy
947.01	Disorderly conduct
947.013	Harassment

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

I. Entities and Programs Serving Only Persons 18 Years of Age or Older

CONVICTIONS	
Regulatory approval, employment as a caregiver, and nonclient residency at or contracting with an entity are prohibited until rehabilitation approval is received, for all programs and entities that serve only clients 18 years of age or older.	
Wis. Stats.	Crime
940.01	First degree intentional homicide
940.02	1st degree reckless homicide
940.03	Felony murder
940.05	2nd degree intentional homicide
940.12	Assisting suicide
940.19 (2) through (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault
940.285	Abuse of vulnerable adults (misdemeanor or felony)
940.29	Abuse of residents of a penal facility
940.295	Abuse or neglect of patients and residents (misdemeanor or felony)
948.02 (1)	1st degree sexual assault of a child
948.025	Repeated acts of sexual assault of a child
948.03 (2) (a)	Physical abuse of a child – intentional – cause great bodily harm
OTHER OFFENSES	
---	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property
---	Finding by a governmental agency of child abuse or neglect

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

II. Entities and Programs Serving Any Clients Under the Age of 18

CONVICTIONS	
Regulatory approval, employment as a caregiver, and nonclient residency at and contracting with an entity are prohibited until rehabilitation approval is received, for all entities and programs that serve any clients who are under the age of 18. (For additional federal foster care bars, see part III. below.)	
Wis. Stats.	Crime
940.01	First degree intentional homicide
940.02	1st degree reckless homicide
940.03	Felony murder
940.05	2nd degree intentional homicide
940.12	Assisting suicide
940.19 (2) through (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault
940.285	Abuse of vulnerable adults (misdemeanor or felony)
940.29	Abuse of residents of a penal facility
940.295	Abuse or neglect of patients & residents (misdemeanor or felony)
948.02 (1) or (2)	1st or 2nd degree sexual assault of a child
948.025	Repeated acts of sexual assault of same child
948.03 (2) (a), (b), or (c)	Physical abuse of a child – intentional causation of bodily harm
948.05	Sexual exploitation of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.11 (2)(a) or (am)	Exposing child to harmful material or harmful descriptions or narrations (felony)
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglect of a child – resulting in death (felony)
948.30	Abduction of another's child; constructive custody
OTHER OFFENSES	
---	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property
---	Finding by a governmental agency of child abuse or neglect

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

III. Foster Care

CONVICTIONS

By federal or state law, for **Foster Homes and Treatment Foster Homes**, regulatory approval, employment as a caregiver, and nonclient residency at and contracting with an entity are barred as follows:

Permanent bar = ... Conviction acts as permanent bar.
Spouse = ... Permanent bar applies when spouse was the victim in the offense.
5 years = ... Bar is for 5 years from time crime committed.
Spouse / 5 years / R = . If spouse was the victim, bar is permanent. In other cases, bar is for 5 years from time crime committed; then must show rehabilitation.
Spouse / 5 years = ... If spouse was the victim, bar is permanent. In other cases, bar is for 5 years from time crime committed.
Bar w/ rehab = ... Regulatory approval, employment as a caregiver, and nonclient residency at and contracting with an entity are barred until rehabilitation approval is received.

Wis. Stats.	Crime	Federal law / Foster Care Bar
940.01	First degree intentional homicide	Permanent bar
940.02	1st degree reckless homicide	Permanent bar
940.03	Felony murder	Permanent bar
940.05	2nd degree intentional homicide	Permanent bar
940.06	2nd degree reckless homicide	Permanent bar
940.12	Assisting suicide	Bar w/ rehab
940.19 (2) through (6)	Battery (felony)	Spouse / 5 years / R
940.20	Battery – special circumstances	5 years
940.20 (1) or (1m)	Battery – special circumstances	Spouse
940.203	Battery or threat to judge	5 years
940.205	Battery or threat to a Department of Revenue employee	5 years
940.207	Battery or threat to a Department of Commerce or DWD employee	5 years
940.21	Mayhem	Permanent bar
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report	Bar w/ rehab
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault	Permanent bar
940.23	Reckless injury	Permanent bar
940.285	Abuse of vulnerable adults (misdemeanor or felony)	Bar w/ rehab
940.29	Abuse of residents of a penal facility	Bar w/ rehab
940.295	Abuse or neglect of patients or residents (misdemeanor or felony)	Bar w/ rehab
940.305	Taking hostages	Permanent bar
940.31	Kidnapping	Permanent bar
941.20 (2) or (3)	Endangers safety by use of a dangerous weapon	Permanent bar
941.21	Disarming a peace officer	Permanent bar
943.10(2)	Burglary while armed	Permanent bar
943.23 (1g), (1m) or (1r)	Operating motor vehicle without owner's consent (OMVWOC)	Permanent bar
943.32 (2)	Robbery with dangerous weapon	Permanent bar
948.02 (1), (2), (3), or (3m)	1st or 2nd degree sexual assault of a child; failure to act; penalty enhancement	Permanent bar
948.025	Repeated acts of sexual assault of a child	Permanent bar
948.03 (2), (3), or (4)	Physical abuse of a child	Permanent bar
948.04	Causing mental harm to a child	Permanent bar
948.05	Sexual exploitation of a child	Permanent bar
948.055	Causing a child to view or listen to sexual activity	Permanent bar
948.06	Incest with a child	Permanent bar

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

III. Foster Care − Continued

CONVICTIONS		
Wis. Stats.	Crime	Federal law / Foster Care Bar
948.07	Child enticement	Permanent bar
948.08	Soliciting a child for prostitution	Permanent bar
948.095	Sexual assault of student by school staff	Permanent bar
948.11 (2) (a) or (am)	Exposing child to harmful material or harmful descriptions or narrations (felony)	Permanent bar
948.12	Possession of child pornography	Permanent bar
948.13	Child sex offender working with children	Permanent bar
948.20	Abandonment of a child	Permanent bar
948.21 (1)	Neglect of a child – resulting in death (felony)	Permanent bar
948.22	Failure to support (felony)	Permanent bar
948.23	Concealing death of a child	Permanent bar
948.24	Unauthorized placement for adoption	Permanent bar
948.30	Abduction of another's child; constructive custody	Permanent bar
948.31	Interference with custody by parent or others	Permanent bar
948.35	Solicitation of a child to commit a felony	Permanent bar
948.36	Use of a child to commit a class A felony	Permanent bar
948.40	Contributing to the delinquency of a minor (felony)	Permanent bar
948.51	Hazing (felony)	Permanent bar
948.60	Possession of a dangerous weapon by a person under 18 (felony)	Permanent bar
948.605 (3)	Gun−free school zones; discharge of firearm in a school zone (felony)	Permanent bar
948.61	Dangerous weapons other than firearms on school premises (felony)	Permanent bar
948.62	Receiving stolen property from a child (felony)	Permanent bar
−−−	**All other Chapter 948 crimes that are felonies**	**Permanent bar**
961.41 (1)	Manufacture, distribution or delivery (felony)	5 years
961.41 (1m)	Possession with intent to manufacture, distribute, or deliver (felony)	5 years
961.41 (3g)	Possession (felony)	5 years
961.43 (1)(a)	Acquire or obtain possession of controlled substances by fraud, misrepresentation, or forgery, deception, or subterfuge (felony)	5 years
961.43 (1)(b)	To possess/make a counterfeit substance or to duplicate the appearance, packaging, form or label of a controlled substance (felony)	5 years
961.455	Using a child for illegal drug distribution or manufacturing purposes (felony)	5 years
961.46	Distribution to persons under 18 (felony)	5 years
961.465	Distribution to prisoners	5 years
961.49	Distribution of or possession with intent to deliver at or near certain places	5 years
961.492	Distribution of or possession with intent to deliver on public transit (felony)	5 years
−−−	**All other ch. 961 offenses that are felonies**	**5 years**
OTHER OFFENSES		
−−−	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property	Bar w/ rehab
−−−	Finding by a governmental agency of child abuse or neglect	Bar w/ rehab

Points/driver records
Check your driver's license status
Driver license points - frequently asked questions
Driver record abstracts
Out-of-state traffic violations
Point system
Request your driving record
Traffic convictions
Traffic safety courses

Drivers & Vehicles > Drivers > Points/driver records >

Driver record abstracts

Driver record abstracts are computer-generated copies of the Division of Motor Vehicles (DMV's) driver records. Most driver record entries are retained for five years; however, certain convictions can result in a driver record being retained indefinitely.

Driver abstracts contain the following standard information:

- name and address
- driver license or identification card number
- sex and date of birth
- former names
- dates and types of traffic convictions, accidents, restrictions, and withdrawals

More information on:

- Requesting a copy of your own driving record
- Requesting a copy of someone else's driving record

Some large volume requesters maintain accounts for immediate response by the Public Abstract Request System (PARS). PARS is a secure Web-based system that allows participating accountholders to have instant access to driver record abstracts via Portable Document Format (PDF) images.

Commercial driver employers are eligible to enroll in the Employer Notification program. This program is available to PARS participants and identifies any enrolled commercial driver with recent activity on their driving record.

Other volume users provide computer tapes of requests for next-day return of abstract information. Brokers are authorized recipients of the DMV records who resell or re-disclose the record information to other private entities.

Why WisDOT provides this information

Wisconsin's Motor Vehicle and Open Records Laws provide that anyone who requests a driver abstract, pays the appropriate fee and provides a completed Vehicle/Driver Record Information Request form MV2896 can request any person's driver record information.

Confidential information

Medical information is confidential and is only released if the driver has signed a release authorization form. Certain information on juveniles (such as suspensions for juvenile alcohol and truancy) is also confidential and will only be released to courts, law enforcement and, in some cases, parents or guardians.

Social Security numbers are used for driver licensing purposes and are not available to the public. Identification (ID) card information is also confidential and can only be released to the

Related links:

Request your own driver abstract

courts, district attorneys, county corporation counsels, city, village or town attorneys, law enforcement agencies, the ID card holder, or to the parent/legal guardian of an ID card holder who is under 18 years of age.

Opting out for requests from marketing and research entities

Customers can "opt out" from having their name included by completing form MV3592. If 10 or more records are requested, their personal identifiable data will be suppressed. Forms can also be obtained at all DMV service centers.

For more information contact:

- E-mail: driverrecords.dmv@dot.state.wi.us
- Phone: (608) 266-2353

Federal Driver's Privacy Protection Act

The Federal Drivers' Privacy Protection Act became effective on April 13, 2000, requiring that any request for driver record information be accompanied by a MV2896 (DPPA) form. The form requires information regarding the requester, name of person about whom record(s) are being requested and authorization for the information.

Return to top

You will need the Adobe Reader (provided free of charge) to view PDF files. For more information about getting your free copy of the Adobe Reader, visit WisDOT's Software information page.

Questions about the content of this page:
Bureau of Driver Services, driverrecords.dmv@dot.state.wi.us
Last modified: September 28, 2009

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Request your own driving record

Your motor vehicle driving abstract (commonly called a driving record) contains your driving history for a specific period of time. Most entries remain on your record for 5 years, except for serious offenses or alcohol related convictions, which remain on your record for 55 years.

The Division of Motor Vehicles (DMV) does not have a public counter where driving records can be obtained. You can request a copy of your own driver record over the phone or by mail.

To purchase your record by phone, call (608) 261-2566. The automated system, available 24 hours a day, 7 days a week, will prompt you to enter your Social Security Number. It is very important that you listen to the complete message and follow the instructions given, or the transaction will not be completed and your request will not go through.

A bill, charging the appropriate fee(s), and your driver record abstract will be mailed to the address on your driving record the next business day. BDS108 will provide you with an explanation of the codes used on the driver record abstract.

To purchase your record by mail, complete a Vehicle/Driver Record Information Request Form MV2896 and mail it with the appropriate fee to:

Wisconsin Department of Transportation
P.O. Box 7995
Madison, WI 53707-7995

You can check the current status of your driver license online or call (608) 264-7133 (for a recorded message, 24 hours a day). You will need your Social Security number and date of birth to access this information.

If you have questions about specific convictions:

- E-mail: driverrecords.dmv@dot.state.wi.us
- Call: (608) 266-2353

You will need the Adobe Reader (provided free of charge) to view PDF files. For more information about getting your free copy of the Adobe Reader, visit WisDOT's Software information page.

Questions about the content of this page:
Bureau of Driver Services, driverrecords.dmv@dot.state.wi.us
Last modified: June 9, 2009

VEHICLE / DRIVER RECORD INFORMATION REQUEST

Wisconsin Department of Transportation

MV2896 9/2008 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.

Clear Form

NOTE: This form may be photocopied for future use.
This form is also available in .pdf format on the DOT website at www.dot.wisconsin.gov/drivers/forms/mv2896.pdf
This request must be completed before information about a Wisconsin vehicle/driver record can be obtained.
Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A - Requester Information

Name - Firm, or Corporation	DMV Agency Code/Account # - If Applicable	Area Code-Telephone 7:00 a.m. - 4:30 p.m.	
Name - Person Completing This Form		Area Code-Telephone #	
Street Address	City	State	ZIP Code
Mailing Address (If Different from Above)	City	State	ZIP Code

Section B - Record Information Request - Complete if requesting individual driver/vehicle records only.

I (we) request the following record information: Please provide information for each individual driver record or vehicle that you are requesting.

Check One:

☐ **Driver Record Information** ☐ **Certified Driver Record Information**

Name of Person about whom record(s) are being requested	Wisconsin Driver License Number	Birth Date
1		
2		

Check One:

☐ **Motor Vehicle Record Information** ☐ **Certified Motor Vehicle Record Information**

Please explain request in Comments area below

Vehicle Year	Make	Vehicle Identification Number	Current Plate No. or DisID No.	Information Requested: Current Owner	or	* History of All Owners
1				☐	or	☐
2				☐	or	☐

* Note: If you request the history of all owners, an additional charge of $5 per owner will be assessed.

Comments - Please be specific when describing your request, for example, lien information, a complete history, current owner only, etc.

Section C - Authorization - Please check the statement below that allows you authorization to obtain personal information. Sign certification.

I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

☐ 1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.
- ☐ (a) I am requesting a copy of my own record.
- ☐ (b) I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.
- ☐ (c) I am requesting the record of another person and have attached their written consent.

☐ 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992, and the Clean Air Act.

☐ 3. A government agency (federal, state, local or tribal) or employed by such, for the purpose of the government agency to carry out its functions.

Please sign on the reverse side.

☐ 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.

☐ 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.

☐ 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
   a. Verify accuracy of the personal information;
   b. Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.

☐ 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.

☐ 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.

☐ 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
   a. Claims investigation;
   b. Anti-fraud activities;
   c. Rating or underwriting.

☐ 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.

☐ 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.

☐ 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).

☐ 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

Certification

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

X _____ (Requester Signature) _____ (Date Signed)

NOTE: Incomplete or incorrect information provided in section "B" may result in an additional $5 fee per driver record, and $5 fee per vehicle or DisID record. Also, $0.25 may apply per photocopy.

Mail completed form with check or money order made payable to: **Registration Fee Trust**

Non-Certified Driver Record Fee: $5.00 ea. **Mail fee(s) with completed form to:** Driver Records Wisconsin Department of Transportation PO Box 7995 Madison WI 53707-7995	**Certified Driver Record Fee**: $10.00 ea. **Mail fee(s) with completed form to:** Citations & Withdrawals Section Wisconsin Department of Transportation PO Box 7917 Madison WI 53707-7917	**Non-Certified Vehicle Record Fee:** $5.00 ea. **Certified Vehicle Record Fee:** $10.00 ea. **Mail fee(s) with completed form to:** Vehicle Records Section Wisconsin Department of Transportation PO Box 7911 Madison WI 53707-7911

Please attach a stamped, self-addressed envelope for return of the requested information.

TRANSPORATION CONSENT FORM

YOUTH/CLIENT NAME: _____ DOB: _____
(Print)

_____ OF _____
(Provider's Name) (Name of Provider Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT _____
(Name of Youth/Client)

FROM _____ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.
(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

_____

_____

_____

_____ _____ _____
Signature of Legal Guardian Relationship to Youth Date

_____ _____
Signature of Youth (should sign if age 14 or over) Date

WITNESSED BY:

_____ _
Print Name of Witness

_____ _____
Signature of Witness Date Witnessed

_____ _____
Agency Address Agency Phone

EMERGENCY CONTACT:
Name:_____

Address: _____

State:_____ Zip:_____ Phone:_____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

AGENCY ABC

SERVICE:
SUPPORTED WORK ENVIRONMENT - 5560

SAMPLE

Check One
☐ **Wraparound**
☐ **FISS**
☐ REACH

Service Month/Year

October 2003

Name of Client Being Serviced: James Johnson
(If a sibling /child/parent of an identified enrollee indicate enrollees name): _____

DATE(s) OF SERVICE (i.e., 8/29/0l) **AND TIME SPENT** (i.e. – 2 Hrs.)	**TOTAL TIME SEEN FOR THE WEEK** (i.e. – 8 hrs.)	**WEEKLY SUMMARY OF SERVICE PROVISION** **(Include: Face to face contacts, phone/collateral contacts, job search activities, etc.)**
10/7/03 – 1.5Hrs. 10/8/03 – 1.5 Hrs.	3 Hrs.	On 10/7 James completed 3 job applications with the assistance of this writer. On 10/8 this writer spoke with all three potential employers as to the availability of the client and how CEO would continue to provide job skills support during potential employment. Two of the potential employers were interested in setting up an interview with James. Called client to inform him of above. Will assist with arranging a date/time for him to go to interviews. Will work on interview skills next week.

Provider's Signature: Jackie Evans
Date Note Written: 10/31/03