

REHABILITATION REVIEW APPLICATION INSTRUCTIONS

The Rehabilitation Review Application consists of eight sections, A-I. You are required to complete each of these sections. Pursuant to s. DCF 12.13(1) and DCF 13.13(1), Wis. Admin. Code, failure to complete the application and provide the requested documentation within 90 days of the date your application is submitted to the rehabilitation review agency may result in a denial of your request for rehabilitation approval. Pursuant to s. DCF 12.11(3) and DCF 13.11(3), Wis. Admin. Code, if your application is denied, you may not apply for rehabilitation review again for the same or similar reason for one year from the date of your denial.

Your social security number is requested so that it may be used as one of the unique identifiers to prevent incorrect matches with persons with criminal convictions, findings of abuse, neglect of a person or client, or misappropriation of a client's property. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay as well as it may result in incorrect matches. Personal information you provided may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wis. Stats].

Specific instructions on how to complete the application are included in each section. If you need help in completing the application, call the Rehabilitation Review Coordinator at 608-422-7041. You may be asked to provide additional information and documents not requested in the application.

A Rehabilitation Review Panel consisting of two or more persons will meet to discuss your application materials and make a decision of whether to approve, deny or defer your request for rehabilitation approval. You will be notified by mail when and where the Rehabilitation Review Panel will meet. Although you are not required to appear at the rehabilitation review panel meeting, your appearance is recommended. The Panel may ask you questions to help in their decision. Pursuant to s. DCF 12.13(5)(b) and 13.13(5)(b), Wis. Admin. Code, a decision may be deferred for up to 6 months to gather additional information or for other reasons.

The Panel will issue a written decision.

- If the Review Panel finds sufficient evidence of rehabilitation, the decision may specify any conditions or limitations that are imposed.
- If the Review Panel does not find sufficient evidence of rehabilitation, the decision will provide the reasons for denial and inform you of your right to file an appeal.

Decisions of the Review Panel will be sent to the person requesting the review and, as requested, to the facility, regulatory authority or program in which the requestor is seeking to work, operate or live as a non-client resident. You also may be required to share a copy of your decision letter with any entity or agency that you may be licensed, employed, or reside at as a condition of approval.

A rehabilitation approval does not ensure that you will receive employment, regulatory approval, contracts, or permission to reside at an entity.

Each application is handled on a case by case basis.

Mailing Instructions: See Section I on the attached Rehabilitation Review Application.

REHABILITATION REVIEW APPLICATION

Completion of this application form and providing requested documentation is required under the provisions of sections 48.685 and 48.686 of the Wisconsin Statutes and Chapters DCF 12 and 13, Wisconsin Administrative Code. Failure to complete this form and provide the requested documentation within 90 days of the date your application is submitted may result in a denial of your request for rehabilitation approval. For help in completing this form read the instructions found in each section of this application or call the Rehabilitation Review Coordinator at 608-422-7041. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats]. Provision of your social security number (SSN) is voluntary; however, not providing it could result in an information processing delay.

SECTION A – APPLICANT INFORMATION

Name of Applicant (include maiden name, any aliases, and nicknames)	Social Security Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Birth Date	Month	Day	Year	Birth Place County	State	Country
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If under age 18 – Name, Address and Telephone Number of Parent, Guardian or Legal Representative

Permanent Address	Area Code / Telephone Number
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City	State	Zip Code	County
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Current Mailing Address (if different than above)

City	State	Zip Code	County
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Email

SECTION B – ENTITY AND APPLICANT TYPE

1. Check the box(es) that most closely matches the reason(s) you are applying for Rehabilitation Review.
(Check all that apply)

- Applicant for employment
- Applicant for licensure
- Applicant for certification
- Applicant for non-client residency
- Applicant for contract(s)

2. Check the box(es) that most closely matches the type of entity for which you will be employed, licensed, contracted with, or a non-client resident. (Check all that apply)

- Foster Care
- Adoption
- State Licensed Family Child Care Centers
- State Licensed Group Child Care Centers
- State Licensed Day Camps for Children
- County/Tribal Certified Child Care Centers
- Child Care Contracted by School Board
- Group Homes for Children
- Residential Care Centers for Children and Youth
- Shelter Care Facilities
- Child Placing Agencies

3. Write a summary of the responsibilities you currently have, or will have, at the entity type(s) you selected above. Be sure to include your job title, the type or amount of supervision you have, or will have, and the name, address and telephone number of the entity.

SECTION C – INFORMATION ABOUT OFFENSES

1. List below each criminal offense for which you were convicted. If you do not have any criminal convictions, please indicate that. In the "Sentence" box, include any ordered counseling or therapy, assessments, or participation in treatment programs for violence, aggression, parenting management, sex offender issues, alcohol, or other drug related abuse. Attach and initial additional sheet(s) if necessary.

Name of Crime or Offense	Date of Conviction	Sentence	Location of Court where Convicted (City, County, State)

2. For any of the crimes or offenses listed on page 4, have you ever requested clemency (pardon, commutation of sentence or a reprieve)? If **Yes**, in the space provided, indicate the crime or offense from page 4, and the date of the request. Yes No

Crime/Offense

Month/Year

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3. Are there any pending criminal charges against you? If **Yes**, in the space provided, state the name of the offense/charge; date you were arrested or charged; and the city, county and state in which you were charged. Also attach to this application a copy of the criminal complaint. Yes No

Name of Offense/Charge

Month/Year

City/County/State

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4. List any crimes or offenses for which you were arrested, but not convicted; date you were arrested and the city, county and state in which you were arrested. Attach and initial additional sheet(s) if necessary.

Name of Crime/Reasons for Arrest

Date of Arrest

City/County/State

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5. Are you the subject of any current investigations by a government or regulatory agency (other than the police)? If **Yes**, in the space provided, state the name of the government or regulatory agency conducting the investigation; the investigation date; reasons for the investigation; and the city, county and state within which the investigation is being conducted. Attach and initial additional sheet(s) if necessary. Yes No

Name of Agency

Reasons for Investigation

Month/Year

City/County/State

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6. Has any government or regulatory agency (other than the police or a court of law) ever found that you committed **child abuse or neglect**? If **Yes**, in the space provided, state the name of the agency; the date; and the city, county and state where the incident occurred. Attach and initial additional sheet(s) if necessary. Yes No

Name of Agency

Month/Year

City/County/State

7. Has any government or regulatory agency (other than the police or court of law) ever found that you **abused or neglected any person or client**? If **Yes**, in the space provided, state the name of the agency; the date; and the city, county and state where the incident occurred. Attach and initial additional sheet(s) if necessary. Yes No

Name of Agency

Month/Year

City/County/State

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8. Has a government or regulatory agency (other than the police or court of law) determined that you **inappropriately took or used the property of a client or patient**? If **Yes**, state the name of the agency; the date; and the city, county and state where the incident occurred. Attach and initial additional sheet(s) if necessary. Yes No

Name of Agency

Month/Year

City/County/State

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9. Have you ever had a license, certification, or approval to provide care, treatment, or educational services revoked, limited, or suspended? If **Yes**, state the name of the license, certification, or approval; indicate whether the license, certification, or approval was revoked, limited, or suspended; the date of the revocation, limitation, suspension; and the city, county and state where this occurred. Attach and initial additional sheet(s) if necessary. Yes No

Name of License/Certification/Approval

Revoked/Limited/Suspended

Month/Year

City/County/State

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10. Have you ever been denied licensure, certification, or approval? If **Yes**, state the name of the license certification or approval, the reason(s) for the denial and the city, county, and state where the denial occurred. Attach and initial additional sheet(s) if necessary. Yes No

Name of License/Certification/Approval

Reasons for Denial

Month/Year

City/County/State

SECTION D – EMPLOYMENT HISTORY

List all your employers for the **last 5 years**. Attach and initial additional sheet(s) if necessary.

Employer – Name, Address and Telephone Number	Position Held/Job Title	Dates Employed (From/To)	Reason(s) for Leaving

SECTION E – FORMER ADDRESSES

List all addresses you have used for the **past 5 years**. Include out of state addresses and addresses where you resided while serving in the U.S. Armed Forces. Attach and initial additional sheet(s) if necessary.

Street Address/ P.O. Box, City, State and Zip Code	Dates of Residence (From/To)

SECTION F – DOCUMENTS TO BE ATTACHED TO APPLICATION

In addition to answering the questions in the previous sections, attach the following documents to this application. Failure to do so may result in a denial for submitting an incomplete application.

1. Your explanation of the crime(s) or offense(s) you committed (what you did and the reasons why).
2. Your explanation of the abuse, neglect, or misappropriation that you refer to on pages 5 and 6 (what you did and the reasons why).
3. Your statement explaining the reasons you believe you are rehabilitated (what led to your committing the offense(s), your understanding of the impact of your offense(s) on others, how you have changed since committing the offense(s)).
4. Background Information Disclosure (BID) Form (DCF-F-2978-E) – Child Welfare Applicants Only
5. Background Check Request (BCR) Form (DCF-F-5296-E) – Child Care Applicants Only
6. Wisconsin Criminal History Single Name Record Request Form (DJ-LE-250). Complete the form, enclose \$15 check or money order payable to the Wisconsin Department of Justice, and the Department will mail this form on your behalf.
7. Criminal history check results from each state in which you have lived in the last 5 years.
8. Copies of the Criminal Complaint and Judgment of Conviction for each conviction listed on page 4. (*Note:* Copies may be obtained from Clerk of Courts in the county where the conviction occurred. If unable to obtain, explain why.)
9. Proof or documentation of your compliance with each court order listed on page 4.
10. Letters from current and previous employers about your character and job performance.
11. Character references from at least 3 acquaintances. The reference should be a short narrative about your character and must include the author's name, address, telephone number, signature and date.
12. Letter(s) from your current or past probation/parole officer(s) if applicable.
13. Documentation of community service, volunteer work, training certificates, restitution to victim or community, etc.
14. Any other information you want considered that demonstrates your rehabilitation.

Please be advised that you may be required to submit additional information.

SECTION G – DECISION DISTRIBUTION

- A copy of the decision will be sent to you at the address you gave on page 2.
- List the name and address of others to whom a copy of the decision should be sent (e.g., employer, school).

Name:

Address:

SECTION H – APPLICANT'S SIGNATURE AND DATE

I certify that the information in this application is true and complete to the best of my knowledge.

SIGNATURE – Applicant

Date Signed

SECTION I – MAILING INSTRUCTIONS

Send your completed application and attachments to one of the following:

- If you are seeking employment; non-client residency; contracted services; or regulatory approval for or in a Department of Children and Families regulated entity or if you are seeking to be approved by the Department as an adoptive parent or if you are currently employed; reside in; provide contracted services with; or have regulatory approval to operate a Department regulated entity send your application to:

Attn: Rehabilitation Review Coordinator
Department of Children and Families
Office of Legal Counsel
201 East Washington Avenue, Room G200
P. O. Box 8916
Madison, WI 53708-8916

Or email to: DCFMBREHAB@wisconsin.gov

- If you are seeking to become or are currently licensed as a foster home or if you are seeking non-client residency in a foster home or if you are an adoptive parent and the county or licensed private child placing is providing adoption applicant home study services; send your application to your county department of social or human services agency or licensed private child placing agency.
 - If you are seeking a contract to provide day care services or are currently contracting to provide day care services with a school board under s.120.13(14) Wis. Stats., or if you are seeking employment or non-client residency in an entity providing day care contracted services for a school board under s.120.13(14) Wis. Stats., or if you are currently employed in or a non-client resident in an entity providing day care contracted services for a school board under s. 120.13(14) Wis. Stats; send your application to your local school board.
 - If you are seeking certification or foster care licensure from a DCF-designated tribe; or employment or non-client residency at an entity regulated by a DCF-designated tribe; send your application to the DCF-designated tribe under which the certified child care or foster home operates.
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