Rehabilitation Review Application Instructions

Use of Form: The Rehabilitation Review Application consists of nine sections, A-I. You are required to complete each of these sections. Pursuant to Wis. Admin. Code §§ DCF 12.13(1) and DCF 13.13(1), 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 Wis. Admin. Code §§ DCF 12.11(3) and DCF 13.11(2), 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 provide may be used for secondary purposes [Wis. Stat. § 15.04(1)(m)].

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 when 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 Wis. Admin. Code §§ DCF 12.13(5)(b) and DCF 13.13(5)(b), 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, if 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 Wis. Stat. §§ 48.685 and 48.686 and Wis. Admin. Code §§ DCF 12 and 13. 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 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 [Wis. Stat. § 15.04(1)(m)]. 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: Date of Birth:

Birth Place: City: State: Country:

If under age 18 – Enter information below for Parent, Guardian or Legal Representative

Name: Telephone Number:

Permanent Address:

City: State: Zip Code: County:

Current Mailing Address (if different than above):

City: State: Zip Code: County:

Email Address:

Section B – Entity and Applicant Type

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)

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

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. Have you been **convicted of a criminal offense**? If "Yes," list below the name of each crime or offense for which you were convicted; the sentence; the location of the court in which you were convicted (city, county, and state); and the date of the conviction. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Crime or Offense	Sentence	Location	Date

2. Have you ever **requested clemency** (pardon, commutation of sentence, or a reprieve) for any of the crimes or offenses listed in question 1 above? If "Yes," list below the name of each crime or offense for which you requested clemency and the date of the request. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Crime or Offense	**Date**

3. Are there any **pending criminal charges** against you? If "Yes," list below the name of the pending charges or offenses; the location in which you were charged (city, county, and state); and the date you were arrested or charged. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Crime or Offense	**Location**	**Date**

4. Have you been **arrested for any crimes or offenses**, but not convicted? If "Yes," list below the name of the charges or offenses; the location in which you were arrested (city, county, and state); and the date you were arrested. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Crime or Offense	**Location**	**Date**

5. Are you the subject of any **current investigations by a government or regulatory agency** (other than the police)? If "Yes," list below the reason for the investigation; the name of the government or regulatory agency conducting the investigation; the location in which the investigation is being conducted (city, county, and state); and the date the investigation began. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Reason for Investigation	**Investigating Agency**	**Location**	**Date**

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," list below the name of the agency; the location where the incident occurred (city, county, and state); and the date. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Government / Regulatory Agency	**Location**	**Date**

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," list the name of the agency; the location where the incident occurred (city, county, and state); and the date. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Government / Regulatory Agency	**Location**	**Date**

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," list the name of the agency; the location where the incident occurred (city, county, and state); and the date. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Government / Regulatory Agency	**Location**	**Date**

9. Have you ever had a **license, certification, or approval to provide care, treatment, or educational services revoked, limited, or suspended**? If "Yes," list the name of the license, certification, or approval; indicate whether it was revoked, limited, or suspended; the location where the incident occurred (city, county, and state); and the date of the revocation, limitation, suspension. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Name	**Action**	**Location**	**Date**
	☐ Revoked ☐ Limited ☐ Suspended		
	☐ Revoked ☐ Limited ☐ Suspended		
	☐ Revoked ☐ Limited ☐ Suspended		

10. Have you ever been **denied licensure, certification, or approval**? If "Yes," list the name of the license, certification, or approval; the reason for the denial; the location where the denial occurred (city, county, and state); and the date of the denial. Attach and initial additional sheet(s) if necessary.

☐ Yes ☐ No

Licensure/Certification/Approval	**Reason for Denial**	**Location**	**Date**

Section D – Employment History

List all your **employers for the last 5 years**. Include the employer's name, address, and telephone number; the position held and job title; the reason for leaving; and the dates of employment (from / to). Attach and initial additional sheet(s) if necessary.

Past Employer	Position / Title	Reason for Leaving	Dates (From/To)
			…… / ……
			…… / ……
			…… / ……
			…… / ……
			…… / ……

Section E – Former Addresses

List all **addresses you have used for the past 5 years** including out of state addresses and addresses where you resided while serving in the U.S. Armed Forces. Include the physical address (street, po box if applicable, city, state, zip); mailing address if different from the street address; and the dates of residence (From/To). Attach and initial additional sheet(s) if necessary.

Physical Address	Mailing Address if Different	Dates (From/To)
		…… / ……
		…… / ……
		…… / ……
		…… / ……
		…… / ……

Section F – Documents to Be Attached to the 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. **Please be advised that you may be required to submit additional information.**

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 in Section C [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 $20 check or money order payable to the Wisconsin Department of Justice, and DCF will mail this form on your behalf.
7. If you have resided outside of Wisconsin in the last 5 years, criminal history and CPS background check results from each state.
8. Copies of the Criminal Complaint and Judgment of Conviction for any convictions serving as a barred offense. Note: Copies may be obtained from Clerk of Courts in the county where the conviction occurred. If unable to obtain, explain why.

9. Character references from at least 3 acquaintances or employers. The reference should be a short narrative about your character and must include the author's name, address, telephone number, signature and date.
10. Letter(s) from your current or past probation/parole officer(s) if applicable.
11. Any other information you want considered that demonstrates your rehabilitation.

Section G – Decision Distribution

A copy of the decision will be sent to you at the address you provided in Section A.

List the name and address of other 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.

Applicant Signature: 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 (DCF) regulated entity; **OR** if you are seeking to be approved by DCF as an adoptive parent, **OR** if you are currently employed by, reside in, provide contracted services with, or have regulatory approval to operate a DCF regulated entity, send your application to:

Attn: Rehabilitation Review Coordinator
Department of Children and Families
Office of Legal Counsel

PO Box 8916
Madison, WI 53708-8916

OR

Submit via 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 agency 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 Wis. Stat. § 120.13(14), **OR** if you are seeking employment or non-client residency in an entity providing day care contracted services for a school board under Wis. Stat. § 120.13(14), **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 Wis. Stat. § 120.13(14), 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.