

VIEWPOINT VP SCREENING

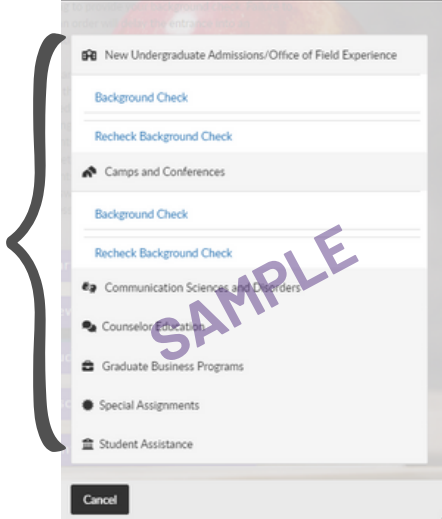


1 GO TO your School's Landing Page on Viewpoint Screening's Website:
<https://www.viewpointscreening.com/uww>

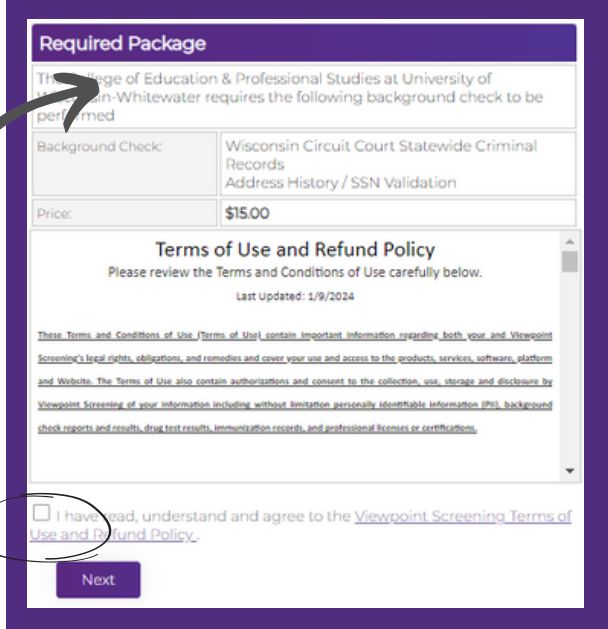
2 Click on Start Your Order



3 Choose your program.
It will expand to show you available packages.
Click on the package "Recheck Background Check" Under YOUR PROGRAM.
Start Your Order



4 Confirm Package.
Once you click on the link, you will be taken to a package summary screen.
Once you review your package and the terms of use policy, click the button to acknowledge and hit NEXT.



5 Click on this button to start the BID form filler

Upload Release Form

In order to obtain Wisconsin background check information, it is required that you complete a BID Form.

This is a new automated process. Viewpoint Screening has created an electronic system that will allow you to easily complete the BID form. You will provide your personal data and answer all questions within a separate interface. You will not be able to go forward if any fields are left blank. The data provided will automatically be transferred to fill in the required BID form.

[Click to Complete Required Forms](#)

The state of Wisconsin requires a completed **BACKGROUND INFORMATION DISCLOSURE (BID)** form for an individual that wishes to obtain a Caregiver Background Check. The form must be filled out correctly or it will be rejected.

Viewpoint Screening has created a form wizard to assist you in completing the BID properly without omitting required information. Please follow the steps outlined here to complete your form.

You will likely choose "Student / Volunteer"

It will be easier to do this on a computer, but if you are completing the form on your phone, it will be best to rotate it to landscape view.

Scroll down to fill in all fields.

Complete Page 1, and hit NEXT.

QUICK TIPS If you need to list previous criminal records, please provide the COUNTY AND STATE of charges to avoid extended delays in processing.

QUICK TIPS If you need to list previous ADDRESSES, please provide the COUNTY AND STATE where you lived for fastest processing.

SCROLL

Answer all questions on Page 2, scroll to the bottom, and hit NEXT.

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If Yes, list each city, state and the dates you resided there:

6. Have you had a caregiver background check done within the last four (4) years?
 Yes No

If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

Provide the required information if the answer was YES

7. Have you ever requested a rehabilitation review with the Wisconsin Dept...
 Yes No

If Yes, list the review date and the review result. You may be asked to provide a copy of the...

Provide the required information if the answer was YES

YOUR INITIALS, FULL NAME, AND DATE OF COMPLETION ARE ALL REQUIRED.

Answer all questions on Page 3, scroll to the bottom, and hit SUBMIT FORM.

Read and initial the following statement:
 I, JMS, do hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief. I understand that providing false information is a violation of Wisconsin law and may result in denial or termination of my employment, contract or service agreement.

Printed Name: JORDAN M. SHERMAN Date: 09/06/2024

PREV **SUBMIT FORM**

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You're Almost Finished...
 You must check the document for accuracy

Click the link to check your document for accuracy.

Check your document for accuracy by clicking on this link:
[BACKGROUND INFORMATION DISCLOSURE \(BID\) FOR ENTITY EMPLOYEES AND CONTRACTORS](#)

[Fix document](#) After you review, if you see any errors you can fix them at the "Fix Document" link

If you have confirmed that everything is correct, please Continue.
 If the document is not filled out correctly, your Wisconsin background check will be cancelled and you will be required to place a new Wisconsin order at the cost of \$5.00.

Place Your Order - Viewpoint | Background Information Disclosure (BID) - F-82064

1 / 3 100% +

Window 1 **Window 2**

Your completed BID form will open in a SEPARATE WINDOW for you to review.

Scroll through your document and check for accuracy. If it all looks good, you can close this document preview window.

DEPARTMENT OF HEALTH SERVICES
 Division of Quality Assurance
 F-82064 (01/2022)

STATE OF WISCONSIN
 Wis. Stat. § 50.065
 Wis. Admin. Code § DHS 12.05(4)
 Page 1 of 2

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(3) and Wis. Admin. Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064 Instructions](#) for additional information. **Reset**

Check the box that applies to you.

Applicant / Employee Student / Volunteer

Contractor Other - Specify: _____

NOTE: This form should NOT be used by applicants for entity operator approval (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a non-client resident. Applicants for entity operator approval or for a non-client resident background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name - First: JORDAN Middle: Last: SMITH

Other Names (including prior to marriage): _____

Position Title (applied for or existing): _____ Birth Date (MM/DD/YYYY): 01/01/2001 Sex: Male Female

Home Address: _____ City: _____ State: _____ Zip Code: _____

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Document Filled Successfully!
 BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

Check your document for correctness, here:
[BACKGROUND INFORMATION DISCLOSURE \(BID\) FOR ENTITY EMPLOYEES AND CONTRACTORS](#)

You need to check the document for correctness first.
 If everything looks correct, please Continue.

[Fix document](#)

You did it! Click continue to finish ordering your background check.

CONTINUE



Complete the APPLICANT INFORMATION and address sections as prompted.




If you have placed an order with Viewpoint Screening in the past, you **MUST USE THE SAME EMAIL ADDRESS**. Different emails = different accounts and result in different logins, and cannot be combined.

Complete payment.

Payment Information	
First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Credit Card Number*	<input type="text"/>
Exp. Date*	<input type="text"/> (MM/20YY)
CVV*2	<input type="text"/>
Credit Card Type*	Select Card Type <input type="button" value="v"/>
Contact Name (if business):	<input type="text"/>
Email*	<input type="text"/>
Phone Number*	<input type="text"/>
Address*	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/>
Postal Code*	<input type="text"/>

* IMPORTANT: Please note that if you enter an address other than the one on file with the credit card's issuing bank, or an incorrect CVV code, Viewpoint Screening will deny your transaction for security purposes. Additionally, denied transactions may cause the funds to be held by your bank for up to 5 business days before being released back to the card.
 * "Viewpoint LLC" will appear on your credit card statement.
 * A Parent or Guardian's credit card will be accepted.



* WARNING: Your credit card will be charged when you click "Next." This fee is non-refundable.
 * Do not click more than once or you may be charged multiple times.

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The following PDF will be attached to your order.
[Click to View](#)

Applicant Information

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Alias/Maiden Name 1:	<input type="text"/> <small>Please Note: if you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.</small>
Alias/Maiden Name 2:	<input type="text"/> <small>Please Note: if you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.</small>
Alias/Maiden Name 3:	<input type="text"/> <small>Please Note: if you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.</small>
Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Please Note: if you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.</small>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Phone Number:	<input type="text"/> (111-111-1111)
E-Mail Address*:	<input type="text"/> <small>type E-mail address.</small>
IMPORTANT Your email address will be your user name to log in. If you have placed a previous order, it is recommended to use the same email address to log in. Separate logins will contain separate results / medical documents, and cannot be combined.	
email address <input type="button" value="Repeat your email address"/> Re-type your email address. <small>Please make sure you are entering your correct email address. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.</small>	

Current Residential Address:

Address:	<input type="text"/>
City:	<input type="text"/>
State or U.S. Territory:	<input type="text"/>
Country:	<input type="text"/> United States
Zip Code:	<input type="text"/> Zip Code Lookup Tool <small>Please Note: if you have an international address that does not require a Zip Code, please fill in "00000".</small>

Log In to Your Account

Once your order is complete, you should be taken to a screen like this to the right.

Your username will be the email you used to set up your account.

Change password here, and it will log you in to the Viewpoint System.

Thank you, your order has been submitted. Please be aware that this order does not contain a background check or a drug test.

You can now access your Health Portal to upload required documents.

You will be automatically logged into your account once you create/change your password.

Please RESET THE PASSWORD to your account associated with greys@anatomy.com

Passwords must contain one or more numbers, one or more special characters, and must be at least 12 characters long.

Enter your NEW password Toggle Password
 Confirm your NEW password

I have provided a strong password that will be remembered