Your Family Our Promise

SunShine Care, Inc.

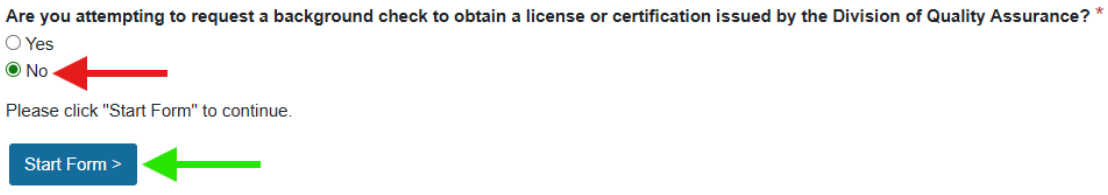
Personal Care Agency

Instructions for Electronic Background Information Disclosure (eBID) form

1. Go to: https://www.dhs.wisconsin.gov/library/collection/f-82064
   a. Select F-82064A

Assigned number	Title	Release date	File type	Language	Available to order
F-82064	Background Information Disclosure (BID)	02/02/2026	Word	English	No
F-82064A	E-Background Information Disclosure (eBID)	02/02/2026	HTML	English	No

2. You will be asked: "Are you attempting to request a background check to obtain a license or certification issued by the Division of Quality Assurance?
   a. Select **NO** & then **Start Form**



   b.

3. Proceed with completing the online BID Form.
   a. Once completed, the form can be downloaded as a .pdf file and emailed to:
      i. info@sunshinepersonalcare.com or Leeyeng.xiong@sunshinepersonalcare.com

Please contact the office if you have any questions.

Office Hours:
Mon – Thur: 9:00AM – 5:00PM
Fri: 9:00AM – 1:00PM
P: 715-514-5566
F: 715-514-5562

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