



COLORADO DEPARTMENT OF HUMAN SERVICES
Original Application to Care for Children and Youth

Form containing sections: Date of Application, Area of Interest (Foster Care Home, Respite, Kinship Foster Care Home, Adoption, Non-Certified Kinship Care), specific child/youth information, preferences, reasons for fostering/adopting, and household information for Applicant 1 and Applicant 2.



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Street Address	City or Town	State or Country	Zip Code	
Home Phone:		School District of Residence:		
Pets in the Home. Specify type and breed:				
APPLICANT 1				
<u>Prior Residences</u>				
Prior Residences in the past 5 years (Including out-of-state and out-of-country):				
Street Address	City or Town	State or Country	Zip Code	Dates of Residence
<input type="checkbox"/> Male <input type="checkbox"/> Female Gender:		Place of birth:		
APPLICANT 1				
<u>Criminal History</u>				
<p>Have you ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? Please check all that apply. <i>If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents.</i></p> <p> <input type="checkbox"/> Felony <input type="checkbox"/> Child Abuse <input type="checkbox"/> Crime of Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug Offense <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Alcohol Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> N/A </p> <p>Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred prosecution/deferred judgment, and your name at the time of conviction</p>				
APPLICANT 1				
<u>Medical and Mental Health Conditions</u>				
Have you been diagnosed with, or are you being treated for, a <u>medical condition</u> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please describe		



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Have you been diagnosed with, or are you being treated for, a <u>mental health condition</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please describe			
APPLICANT 1 <u>Employment</u> (If you have been with current employer less than one year please provide previous employment information, if self-employed please provide information about your business)				
Name of Employer: Address of Employer: Title of position: Gross monthly income: _____ Dates Employed: _____				
Name of Employer: Address of Employer: Title of position: Gross monthly income: _____ Dates Employed: _____				
APPLICANT 2 <u>Prior Residences</u> N/A <input type="checkbox"/>				
Prior Residences in the past 5 years (Including out-of-state and out-of-country):				
Street Address	City or Town	State or Country	Zip Code	Dates of Residence
<input type="checkbox"/> Male <input type="checkbox"/> Female Gender: _____		Place of birth: _____		
APPLICANT 2 <u>Criminal History</u> N/A <input type="checkbox"/>				
Have you ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? Please check all that apply. If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents."				
<input type="checkbox"/> Felony	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Crime of Violence	<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Drug Offense	<input type="checkbox"/> Sexual Offense	<input type="checkbox"/> Registered Sex Offender	<input type="checkbox"/> Alcohol Offense	
<input type="checkbox"/> N/A				



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Have you applied to another agency to foster or adopt a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously adopted a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever cared for a child or youth placed in your home other than your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Court: <input type="checkbox"/> Agency Name: Agency Address: <input type="checkbox"/> Other: Explain who placed the child or youth in your home and the circumstances:

Applicant 1 and **Applicant 2**
Other Children Not Living in the Household
 N/A

Name	Date of Birth	Phone	Address/Email

Applicant 1
Marital/Partnership/Civil Union History

Date of Marriage or Civil Union or Length of Partnership	State Where Marriage/Civil Union Occurred	Reason for Ending, if applicable	Verification of Marriage, Civil Union, or Divorce	Name of former spouse/partner, if applicable
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicant 2
Marital/Partnership/Civil Union History
 N/A

Date of Marriage or Civil Union or Length of Partnership	State Where Marriage/Civil Union Occurred	Reason for Ending, if applicable	Verification of Marriage, Civil Union, or Divorce	Name of former spouse/partner, if applicable
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicant 1 and **Applicant 2**
Finances To Meet Monthly Needs



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Assets: Regular income and available savings and investments, personal property, equipment, real estate other than home, etc.

Item	Amount	Item	Amount

Monthly Liabilities and credit card balances (with exception of your primary home): Other real estate, auto, loans, and credit cards

Item	Amount	Item	Amount

Applicant 1 and Applicant 2 Emergency Contacts

Name	Relationship	Telephone Number	Email

Applicant 1 References

(Each applicant should include at least 2 non-relatives who have known you for a year or more)

Name	Mailing Address	Relationship	Phone	Email Address

Applicant 2 References

N/A

(Each applicant should include at least 2 non-relatives who have known you for a year or more)

Name	Mailing Address	Relationship	Phone	Email Address

Other Members of the Household

N/A

First Name	Middle	Last Name	DOB	SSN	Relationship to Applicant	Maiden/Alias or Other Name



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Other Members of the Household <u>Criminal History</u> N/A <input type="checkbox"/>				
Have other members of the household ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? If yes, please check all that apply. If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents."				
<input type="checkbox"/> Felony <input type="checkbox"/> Child Abuse <input type="checkbox"/> Crime of Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug Offense <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Alcohol Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> N/A				
Please note all crimes, date of the sentencing, town/city/state where sentencing occurred, whether the person received a conviction/deferred prosecution/deferred judgment, and his/her name at the time of conviction				
Other Members of the Household <u>Prior Residences</u> N/A <input type="checkbox"/>				
Prior Residences in the past 5 years (Including out-of-state and out-of-country):				
Street Address	City or Town	State or Country	Zip Code	Dates of Residence
Other Members of the Household <u>Medical and Mental Health Conditions</u> N/A <input type="checkbox"/>				
Have other members of the household been diagnosed with, or been treated for, a <u>medical condition</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe Name Describe condition			
Have other members of the household been diagnosed with, or are you being treated for, a <u>mental health condition</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe Name Describe condition			
Other Members of the Household <u>History of Placement of Children and Youth</u> N/A <input type="checkbox"/>				



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	Yes	No	If yes, list name of household member and agency or county department
Have you ever been licensed for childcare?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been certified for foster care?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been denied a license for childcare?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been denied a certificate for foster care?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a home study that was not approved?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you applied to another agency to foster or adopt a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously adopted a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever cared for a child or youth placed in your home other than your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Court: <input type="checkbox"/> Agency Name: Agency Address: <input type="checkbox"/> Other: Explain who placed the child or youth in your home and the circumstances:

The Colorado Department of Human Services and its agents do not discriminate against any persons on the basis of sex, race, color, national origin, disability, or participation in its programs, services and activities, or in employment.



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Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S. and 7.500.312 (12 CCR 2509-6), and upon conviction thereof, shall be punished accordingly.

The Undersigned hereby applies for a certificate to operate a Foster Care Home under 26-6-101 et seq. C.R.S. or to adopt a child(ren) or youth in the custody of a county department of human or social services child placement agencies (CPAs) and certifies to the following facts:

Foster Care, Kinship Foster Care, and Adoption:

1. Any information given in the questions that follow shall be correct to the best of my (our) ability.
2. I (we) understand that an investigation must be completed before a certificate can be issued for foster care, or approval for the purpose of adoption can be made, and I (we) shall cooperate with the department of human or social services in the investigation in order for the county department or CPA to determine conformity with the regulations.
3. I (we) understand that signature of this application constitutes permission for county departments of human or social services or CPA to release information regarding denials of licenses, certificates, and prior adoption approvals or denials.
4. I (we) are aware that a certificate for foster care is time-limited and, if issued, will designate the number and age of children or youth for which care can be given. I (we) understand that if I (we) fail to maintain the rules and regulations, the certificate is subject to suspension or revocation. I (we) are aware that an approval for adoption will designate the number and age of child(ren) for which I (my/our family) am (is) approved to adopt.
5. I (we) hereby give authorization to the county department of human or social services or CPA to obtain reports of child abuse or neglect in all states of residence for the past 5 years and to review records and reports maintained on the state automated system for the applicant(s). Applicants shall sign for their minor children living in their home.
6. Members of the household who are not applicants shall be asked to sign an authorization for the county department of human or social services or CPA to obtain reports of child abuse or neglect and review records and reports maintained on the statewide automated information system.
7. I (we) understand that the applicant or any adult of 18 years of age or older who resides in the home is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, and all costs shall be borne by the applicant or person who resides in the home. Your fingerprints will be on file with the CBI and FBI and may be used to compare with other fingerprints. Discrepancies on your Colorado record may be challenged and corrected through the CBI at www.colorado.gov/cbi. Discrepancies on your records from the FBI or related to another state, may be challenged through the FBI at www.fbi.gov.
8. I (we) are not staff members or members of the governing board (CPA) or relatives of staff members or relatives of any officer, executive or member of the governing board of a CPA home.
9. I (we) are not a relative of any staff member of the Child Welfare Division or unit in the certifying county department of human or social services.

Foster Care or Kinship Foster Care:

1. I (we) understand that before a certificate can be issued I (we) are required to be fully familiar with the Rules Regulating Foster Care Homes issued by the Colorado Department of Human Services, and I (we) agree to fully comply with them.
2. I (we) understand that only one CPA or county department of human or social service can certify our home.
3. I (we) understand that I (we) must attend required training prior to certification.
4. I (we) understand that I (we) may be subject to immediate adverse action to my (our) certificate or approval for adoption as set forth in Section 26-6-107.7 et seq., C.R.S. as described by rule of the State Board of Human Services.



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1. SIGN THIS SECTION IF APPLYING FOR **NON-CERTIFIED KINSHIP CARE**:

DATE: SIGNATURE OF APPLICANT 1: SIGNATURE OF APPLICANT 2:

2. SIGN THIS SECTION IF APPLYING FOR **FOSTER CARE OR KINSHIP FOSTER CARE CERTIFICATION**:

DATE: SIGNATURE OF APPLICANT 1: SIGNATURE OF APPLICANT 2:

3. SIGN THIS SECTION IF APPLYING FOR **APPROVAL FOR ADOPTION**:

The undersigned hereby applies to adopt a child(ren) or youth in the custody of a county department of human or social services and certifies to the following facts:

In accordance with P.L. 110-351, I (we) understand that I (we) am (are) eligible to apply for an adoption tax credit, if I (we) finalize an adoption of a child or youth in the custody of the county department of human or social services.

DATE: SIGNATURE OF APPLICANT 1: SIGNATURE OF APPLICANT 2:



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Upon receipt of this application, the county department of human or social services has received verification of citizenship (Birth Certificate) or proof of lawful residency for each applicant.

Applicant 1

- I am a United States Citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law

Applicant 2

- I am a United States Citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law

DATE: SIGNATURE OF DEPARTMENT DESIGNEE:



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AFFIDAVIT

Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States Citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____

Date _____



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AFFIDAVIT

Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States Citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____

Date _____



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AFFIDAVIT

DECLARACION / JURAMENTO Departamento de Servicios Sociales del Estado de Colorado y el Departamento de Política y Financiamiento de la Salud Como Prueba de Presencia legal en los Estados Unidos Yo.

_____, juro o afirmo bajo pena de perjurio bajo las leyes del Estado de Colorado que (cheque uno):

- Soy ciudadano de los Estados Unidos, o
- Soy residente permanente de los Estados Unidos, o
- Estoy legalmente presente en los Estados Unidos conforme a la ley federal.

Yo entiendo que esta declaración jurada es un requerimiento de la ley porque he solicitado ayuda pública. Yo entiendo que las leyes del estado requieren que yo proveé prueba de que Yo estoy presente legalmente en los Estados Unidos antes de que pueda recibir esta ayuda pública. Tambien reconozco que hacer una declaración o representación falsa, ficticia o fraudulenta en esta declaracion jurada es penada bajo la ley criminal de Colorado como perjurio de segundo grado bajo el Estatuto Corregido de Colorado 18-8-503 y constituirá una ofensa criminal separada cada vez que ayuda pública sea fraudulentamente recibida.

Signature _____

Date _____



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AFFIDAVIT

DECLARACION / JURAMENTO Departamento de Servicios Sociales del Estado de Colorado y el Departamento de Política y Financiamiento de la Salud Como Prueba de Presencia legal en los Estados Unidos Yo.

_____, juro o afirmo bajo pena de perjurio bajo las leyes del Estado de Colorado que (cheque uno):

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- Soy residente permanente de los Estados Unidos, o
- Estoy legalmente presente en los Estados Unidos conforme a la ley federal.

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Signature _____

Date _____





After July 1, 2018, no
prior version of this
form will be accepted.

Background Investigation Unit
1575 Sherman St. 1st Floor
Denver, CO 80203

FACILITY REQUEST FOR BACKGROUND INVESTIGATION
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE

Send this request with a check or money order for \$35 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 1575 Sherman St. 1st floor, Denver, CO 80203. Cash payments will not be accepted. Incomplete, handwritten or unsigned requests cannot be processed and will be returned. Do not send fingerprint cards.

Please indicate the reason for your request: Family Child Care Home [] Child Care Center [] Preschool [] School Age Child Care Center [] Day Treatment [] Specialized Group Home [] RCCF [] Adoption (one form per couple) [] Foster Care (one form per couple) [] NYO [] Guest Child Care [] and Camp []

The following facility information is completed by the Business Officer:

Facility name: _____ CDHS License#: _____
Complete mailing address: _____
Business officer's name & Title: _____ Phone: _____
Program email address: _____

(Please type)

Full name of person to be checked: _____
Maiden name and other names used: _____
Birth date: _____ Sex: _____ Race: _____ Social Security #: _____
Current address: _____
Previous address: _____
Phone number: _____

Please select one of the following: Spouse [] Former Spouse [] Parent(s) of your children [] and provide their information below. Add additional names on back of this form.

Full name: _____
Maiden name and other names used: _____
Birth Date: _____ Sex: _____ Race: _____ Social Security #: _____

Please provide your children's, including adult children, full name, birthdate and sex. Additional children may be noted on back of this form. If no children, please indicate "none."

SIGNATURES ON STAPLED HANDWRITTEN FORM

Signature of person being checked: _____ Date: _____
If you are under 18 years of age, your parent or legal guardian must sign this request.

SIGNATURES ON STAPLED HANDWRITTEN FORM

Spouse's signature: _____ Date: _____
For adoption and foster care, both marriage partners must provide signatures for processing this request. If no spouse, please indicate none.

Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.



Authorization to Release and Supply Information

I/We authorize the **Griffith Centers for Children, Chins Up** to obtain information from the **Colorado Department of Human Services- Trails Database**. Anyone over the age of 18 must complete this form. This records check will indicate past or present child abuse and neglect reports. I/we understand this information may not be used for any other purpose. I/we herewith release the agency from any and all liability to me for supplying such information. I/we also agree to permit the doctor, pastor, present employer, past employers, school personnel, mental health personnel, and references to give information to **Griffith Centers for Children, Chins Up** regarding all members of the household. Therefore, with this I/we am willing to submit the following information:

Please check one: Foster Parent Adoptive Parent CPA Employee

APPLICANT #1

Print Name: _____
 First Middle Last Name

Any Previous Names Used: _____

D.O.B: _____ SSN: _____

Address: _____
 Street Address City State Zip

Signature: _____ **Date:** _____

APPLICANT #2

Print Name: _____
 First Middle Last Name

Any Previous Names Used: _____

D.O.B: _____ SSN: _____

Address: _____
 Street Address City State Zip

Signature: _____ **Date:** _____

CHILDREN'S NAMES AND DATE(S) OF BIRTH:

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION For Prospective Foster Parents

Disclosure

As an applicant to provide foster care services to Griffith Centers for Children, Chins Up you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Griffith Centers for Children, Chins Up may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application to provide foster care services, (2) when making a decision whether to accept your foster care services, (3) when deciding whether to continue your foster care services (if your services are accepted), or (4) when making other foster services-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Griffith Centers for Children, Chins Up.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for purposes of providing foster care services.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the agency. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I, (print name) _____, hereby voluntarily authorize Griffith Centers for Children, Chins Up to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my providing foster care services to Griffith Centers for Children, Chins Up. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date

Information Needed to Run Quick Background Checks

Applicant's Full Legal Name: _____
First Name Full Middle Name Last Name

Maiden Name or Aliases, if any: _____ Race/Ethnicity: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you been living in the state of Colorado for at least 2 full years? (circle one) Yes No

List any previous addresses you have had during the last 5 years and dates of residence:

Dates: _____
Dates: _____
Dates: _____

Have you ever been arrested or convicted or have you ever violated any laws other than minor traffic violations? (circle one) Yes No

If yes, list the violation(s) and date(s):

Also, please write a brief description of the incident(s) including final disposition (Note: you may be asked to provide an official copy of dispositions for any arrests you have on your record before being hired):

I hereby affirm that the above information is true and correct to the best of my knowledge. I also hereby affirm that I have not committed or been convicted of a Crime of Child Abuse, Unlawful Sexual Behavior, or any Felony (7.70-1.36 State of Colorado, Department of Human Services, licensing regulations). I understand that if the Federal Bureau of Investigation, Colorado Bureau of Investigation, or Child Abuse registry confirms such a record, my contract with Griffith Centers for Children, Chins Up may be terminated without notice.

Date

Signature

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION For Prospective Foster Parents

Disclosure

As an applicant to provide foster care services to Griffith Centers for Children, Chins Up you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Griffith Centers for Children, Chins Up may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application to provide foster care services, (2) when making a decision whether to accept your foster care services, (3) when deciding whether to continue your foster care services (if your services are accepted), or (4) when making other foster services-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Griffith Centers for Children, Chins Up.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for purposes of providing foster care services.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the agency. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I, (print name) _____, hereby voluntarily authorize Griffith Centers for Children, Chins Up to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my providing foster care services to Griffith Centers for Children, Chins Up. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date

Information Needed to Run Quick Background Checks

Applicant's Full Legal Name: _____
First Name Full Middle Name Last Name

Maiden Name or Aliases, if any: _____ Race/Ethnicity: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you been living in the state of Colorado for at least 2 full years? (circle one) Yes No

List any previous addresses you have had during the last 5 years and dates of residence:

Dates: _____
Dates: _____
Dates: _____

Have you ever been arrested or convicted or have you ever violated any laws other than minor traffic violations? (circle one) Yes No

If yes, list the violation(s) and date(s):

Also, please write a brief description of the incident(s) including final disposition (Note: you may be asked to provide an official copy of dispositions for any arrests you have on your record before being hired):

I hereby affirm that the above information is true and correct to the best of my knowledge. I also hereby affirm that I have not committed or been convicted of a Crime of Child Abuse, Unlawful Sexual Behavior, or any Felony (7.70-1.36 State of Colorado, Department of Human Services, licensing regulations). I understand that if the Federal Bureau of Investigation, Colorado Bureau of Investigation, or Child Abuse registry confirms such a record, my contract with Griffith Centers for Children, Chins Up may be terminated without notice.

Date

Signature

Financial Record Statement

Each family must have an income that is adequate enough to provide for their own family before being able to be licensed for foster care or adoption. Both State and County requirements for foster and adoptive licensing insist on proof of income other than relying on foster/adopt reimbursements. Please complete the information below and submit copies of either 2 months of pay stubs or a copy of your most recent IRS taxes.

Foster Family Name _____ **Date** _____

Address _____ **Phone #** _____

Foster Family Income (Monthly)

Wages \$ _____ (source) _____

Child Support \$ _____

Social Security/SSI/Disability \$ _____

Other Income _____ \$ _____
(Source)

Total Monthly Income \$ _____

Total Yearly Income \$ _____

Foster Family Expenses (Monthly)

Housing/Utilities \$ _____

Automobile Expenses (Gas, Repairs/Loans etc) \$ _____

Medical/Dental Expenses (Including insurance) \$ _____

Groceries/Supplies \$ _____

Entertainment/Vacations/ . \$ _____

Loans/Credit Card Bills \$ _____

Miscellaneous Expenses \$ _____

Total Expenses (Monthly) \$ _____

FOSTER PARENT RESPONSIBILITIES AND EXPECTATIONS

1. Maintain state licensing and Griffith Centers for Children, CHINS UP standards.
2. Provide clean and comfortable accommodations, nutritious food, appropriate clothing, appropriate toys, and recreational and educational activities.
3. Treat each child in a loving and caring manner, with dignity and respect having the same age and developmentally appropriate rules for foster children that they have for their own children. Under no circumstances will foster parents or their respite providers use any type of corporal punishment on a foster child.
4. Foster parents need to work towards maintaining open communication and reunification with the child's birth family and extended family within the guidelines of the treatment plan. Foster parents are expected to always treat the child's family with dignity and respect. Foster parents may be expected to attend a meeting with the child's family and Griffith Centers for Children, CHINS UP staff within the first week of placement.
5. Provide appropriate medical care as needed for each child.
6. Maintain a file on each child containing a health passport, therapy record, visitation logs, and Medicaid card.
7. Maintain confidentiality of personal information for each child.
8. Maintain a willingness to comply with any updated Griffith Centers for Children, CHINS UP or state rules and regulations.
9. Attend and participate as a member of the team in all required meetings regarding a foster child's placement. This includes, but is not limited to: staffings, court hearings, foster care reviews, and TDM (Team Based Decision-making) meetings.
10. Foster parents must maintain First Aid and CPR (Adult & Pediatric) certification. Adults who provide respite care (babysitting) for foster parents for more than 6 hours must also obtain CBI and Central Registry background checks through the Griffith Centers for Children, CHINS UP and maintain First Aid and CPR (Adult & Pediatric) certification. Respite providers must also obtain clearance through the Griffith Centers for Children, CHINS UP agency.
11. Foster parents must attend Foster Parent Core Training (27 hours) in order to become certified with the Griffith Centers for Children, CHINS UP agency.
12. Foster parents must participate in a Griffith Centers for Children, CHINS UP Policies and Procedures training with their assigned Foster Care Home Supervisor prior to certification.
13. Foster parents must complete an additional 20 hours of training within their first year of certification and every year thereafter.
14. Foster parents may be asked to complete additional training requirements for foster children whom require a higher level of care.
15. Foster parents are expected to be open and honest regarding their foster child's behaviors and progress. They will be expected to meet with their Foster Care Home Supervisor monthly, or as needed, to discuss progress.

16. Foster parents will turn in monthly progress reports to their Foster Care Home Supervisor in a timely manner.
17. Foster parents are expected to work cooperatively with community agencies involved with their foster child. This includes, but is not limited to: the child's caseworker, therapist, Guardian Ad Litem, CASA worker (if applicable), the Griffith Centers for Children, CHINS UP agency staff, DHS staff and state auditors.
18. Foster parents are expected to provide transportation and supervision to and from any required appointments or visitations.
19. Foster parents are expected to assist in the educational plans and needs of the children in their care. Foster parents will provide assistance with homework as needed. They will attend all parent-teacher and IEP meetings.
20. Foster parents are encouraged to expose and involve foster children in a wide variety of educational and recreational activities. This may include, but not be limited to: sports teams, scout troops, kid's clubs, youth groups, musical or artistic training, Y. M. C. A., etc.
21. Foster parents will notify their Griffith Centers for Children, CHINS UP Foster Care Home Supervisor OR on call worker (719-494-4890) in the event of any accident, illness or emergency requiring medical attention or other crises. They will complete and submit an incident report to their Foster Care Home Supervisor within 72 hours.
22. The Griffith Centers for Children, CHINS UP agency highly values avoiding disruptions in placements. Foster parents will report immediately to their Foster Care Home Supervisor any problems that may cause premature termination of a placement. They will work cooperatively with their Foster Care Home Supervisor in order to preserve placement. If premature termination is to occur, it should only occur after all possible resources and/or interventions are exhausted. This decision should be made together with the Foster Care Home Supervisor and Foster Care Program Director. Written notice of at least 10 days is required in order to find an appropriate placement for the child.

I agree to comply with the above-mentioned expectations and responsibilities:

Foster Parent Signature

Date

Foster Parent Signature

Date

Foster Care & Adoption Certification Process **Brief Overview**

These items are necessary and must be completed per State, COA and agency regulations prior to becoming a licensed foster and/or adoptive parent.

- ✓ Have an initial **consultation** with the Griffith Centers for Children Chins Up Licensing Specialist and/or Program Director.
- ✓ Complete and return to our agency the completed **State of Colorado Application, Fair Credit Report Authorization** and a **Financial Statement** along with a copy of your most recent 1040 tax return (first two pages only).
- ✓ Have a **S.A.F.E. Home Study** completed which will require the completion of two questionnaires on your part as well as 3-5 interviews by the Griffith Centers for Children Chins Up Licensing Specialist and/or Program Director.
- ✓ Have a **Home Inspection** completed to check safety and space requirements in your home. As part of this inspection, you will need to provide a **Fire/ Tornado Drill and Floor Plan** as well as an **Annual Inventory of Firearms and other Dangerous Weapons**.
- ✓ Complete **First Aid and CPR** classes, as well as **Foster Parent Core Training**- a required 12 hour class explaining the major aspects of foster care.
- ✓ Have a **County Department of Human Services** file check completed.
- ✓ Have **fingerprints** completed for **FBI/CBI** background checks.
- ✓ Have **physical examinations** completed on everyone residing in your home.
- ✓ The agency will also need a copy of your current **Auto Insurance, Driver's License, Pet Records, and a Family Photograph**.

Note: The State changes rules and regulations for foster and adoptive homes regularly. Other information may be requested.