



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

Form containing sections: Date of Application, Area of Interest, Specific child/youth interest, Preferences, Why foster/adopt, Applicant 1, Applicant 2, Household Information, Physical Address of Residence, Mailing Address of Residence.



COLORADO DEPARTMENT OF HUMAN SERVICES

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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				
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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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

APPLICANT 2

Medical and Mental Health Conditions

N/A

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, 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, describe
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APPLICANT 2

Employment

N/A

(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:
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Name of Employer: Address of Employer: Title of position: Gross monthly income:	Dates Employed:
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Applicant 1 and Applicant 2

History of Placement of Children and Youth

	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"/>	



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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						
<u>Emergency Contacts</u>						
Name	Relationship	Telephone Number	Email			
Applicant 1						
<u>References</u>						
(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						
<u>References</u>						
N/A <input type="checkbox"/>						
(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 <input type="checkbox"/>						
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				
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				
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				



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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:



COLORADO DEPARTMENT OF HUMAN SERVICES

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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 _____



COLORADO DEPARTMENT OF HUMAN SERVICES

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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):

- 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 _____



COLORADO DEPARTMENT OF HUMAN SERVICES

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Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO
Office of Early Childhood
Division of Early Care & Learning

Before Getting Started

Please type directly in this form. Handwritten forms will be returned.

- Use this form if you have a State of Colorado child care license number and need to request a child abuse and neglect background check (also referred to as a Trails request) for yourself or for an employee. If you do NOT have a State of Colorado child care license OR if you are an individual going through the adoption or foster care process (i.e., not going through an agency), please submit an [Individual Child Abuse and Neglect \(Trails\) Request form](#).
- **This request form generates ONE Results Letter.** Results from this request are released to the person or agency requesting the background check, NOT to the person being checked.
- **The child abuse and neglect background check process can take up to 30 business days**, so please plan accordingly. Requests are processed in the order they're received
- **Adoption and Foster Care Only:** Only ONE request form and fee is required for adoption and foster care, however, both marriage partners must provide signatures to process the child abuse/neglect background investigation request. The Results Letter will list both marriage partners.
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- A **\$35 NONREFUNDABLE** fee is required *for each Trails abuse/neglect background check request*. This fee only produces **one** results letter.
 - Include a check or money order with your request. Cash or credit card payments are not accepted. Submitting the incorrect fee will delay the processing of your request.
 - The check or money order must be payable to the CDHS, Background Investigation Unit (BIU).
- Incomplete, handwritten, or unsigned background check request forms will be returned. If you have questions about which sections need to be completed or about how to complete a section, please call the Background Investigation Unit at 303.866.2266. This is a monitored voicemail line. Calls are returned within two business days.
- Make a copy of your completed form prior to submitting and keep in your files. Mail your completed request and payment to:

Colorado Department of Human Services (CDHS)
Division of Early Care and Learning
Attn: Trails Background Investigation Unit (BIU)
1575 Sherman Street, Garden Level
Denver, CO 80203-1714
- If you are adding people to your license and have not contacted licensing about those changes, the BIU team cannot do that for you. Please contact your licensing specialist or call the Office of Early Childhood main phone line at 1.800.799.5876.
- For detailed instructions and information about what to expect next, please visit the Office of Early Childhood website: www.ColoradoOfficeofEarlyChildhood.com. Please click the "For Providers" tab, and then select "Background Checks." Finally, select the "Colorado-based Applicants: Child Abuse and Neglect Records Check" drop down menu.

Request form begins on page 2.

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO
Office of Early Childhood
Division of Early Care & Learning

Section A: Agency/Facility Information (REQUIRED)

Select the reason for your request (only select one):

<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Preschool Program	<input type="checkbox"/> School Age Program	<input type="checkbox"/> Camp (Residential or Day)	<input type="checkbox"/> Family Child Care Home	<input checked="" type="checkbox"/> Adoption/ Foster Care <i>(only one form per couple required)</i>
<input type="checkbox"/> Group Home	<input type="checkbox"/> Residential Child Care Facility (RCCF)	<input type="checkbox"/> Day Treatment Center	<input type="checkbox"/> Neighborhood Youth Organization	<input type="checkbox"/> Guest Child Care	<input type="checkbox"/> Substitute Placement Agency

Agency/Facility Name (requesting the check) Griffith Centers for Children, Inc.	CDHS License Number 1510565
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Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the person requiring the background check. Only one copy of the Results Letter is sent to the person listed below. Results are not released to the person being checked. They are released to the agency/facility requesting the background check.

First Name Nicole	Last Name Korolov
----------------------	----------------------

Street Address or P.O. Box 3055 Austin Bluffs Parkway, Unit C	City Colorado Springs	State CO	Zip Code 80918
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Section B: Person to be Checked (REQUIRED)

This is the person being checked not the person/facility/agency requesting the background check. For adoption/foster care requests, you will enter information for one spouse here and information for the second spouse in the next section.

First Name	Middle Name	Last Name	Phone #
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Previous Names Ever Used (e.g., maiden) - List ALL.

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Social Security #
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Residence History

TEN years of residence history (including temporary residence) is required. If you've lived more places than the space below allows, please provide the required information on an additional piece of paper and submit with your request.

Current Address

Street Address	City	State	Zip Code
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Move-In Date (Month, Year)	Move-Out Date (Month, Year)
----------------------------	-----------------------------

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO
Office of Early Childhood
Division of Early Care & Learning

Previous Address			
Street Address	City	State	Zip Code
Move-In Date (Month, Year)		Move-Out Date (Month, Year)	

Section C: Spouse/Former Spouse/Parent of Children Information (REQUIRED)

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for any parents of your children is also required.

Are you currently married? Yes No

Have you ever been married? Yes No

If you answered yes to ANY of the questions above, you must enter each spouse/partner's information below. If you have more than one person to enter information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner First Name	Spouse/Partner Middle Name	Spouse/Partner Last Name	
Previous Names <u>Ever</u> Used (including maiden, middle, etc.) - LIST ALL.			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity	*Social Security #

*A social security number is **ONLY** required for current spouses of adoption/foster care requests.

Section D: Child Information (Includes Adult Children) (REQUIRED)

Information for ALL children must be provided below. This includes adult children, adopted children and step children.

Do you have any children (including adult children, step children, etc.)? Yes No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)? Yes No

Have you ever lived in a home with any children that were not biologically yours (e.g., stepchildren, etc.)? Yes No

If you answered yes to ANY of the questions above, you must enter each child's information below. If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

#	First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					
5					

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility and that I will not receive a copy of the results myself.

Signature (Parent/Guardian signature required if under 18 years of age)

Date

Current Spouse Signature (Required ONLY for Adoption or Foster Care)

By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility and that I will not receive a copy of the results myself.

Signature

Date

Fair Credit Reporting Act Disclosure & Authorization

Must be Completed by Each Foster Care Applicant

As an applicant to provide foster care services to Griffith Centers for Children, Inc. you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Griffith Centers for Children, Inc. 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, Inc.

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, Inc. 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, Inc. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date

11/27/18

Fair Credit Reporting Act Disclosure & Authorization

Must be Completed by Each Foster Care Applicant

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Signature

Date

Information Needed to Run Quick Background Checks

Must be Completed by Each Foster Care Applicant

Applicant's Full Legal Name: _____
First Middle Last

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, Inc. may be terminated without notice.

Signature

Date

Financial Record Statement

Each family must have an income that is adequate to provide for their own family before being able to foster or adopt any additional child/youth. State and County requirements for foster and adoptive licensing insist on proof of income other than relying on foster care reimbursement. Please complete the information below and submit copies of either two (2) months of pay stubs or a copy of your most recent IRS tax return receipt.



Family Name _____ **Date** _____

Address _____ **Phone #** _____

Family Income (Monthly)

Wages \$ _____ (source) _____

Child Support \$ _____

Social Security/SSI/Disability \$ _____

Other Income _____
(Source)

Total Monthly Income \$ _____

Total Yearly Income \$ _____

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 Monthly Expenses \$ _____

Responsibilities and Expectations of Traditional & Treatment Foster Care Providers

1. Cooperatively and directly working with the parent(s), legal custodian, or identified permanent family in the traditional/treatment foster care home, unless there is a documented safety issue. If there is a safety issue, the care coordinator shall work with the treatment team, including the family to address the concerns.
2. Application of traditional/treatment foster care agency programming, policies and procedures, including but not limited to protection of privacy.
3. Seeking consultation as needed from the home supervisor/care coordinator or other professional/treatment team members, including requesting a family engagement meeting to maintain placement stability; should a short-term (up to thirty (30) calendar days) clinical placement be required, actively participate in the treatment program so that the traditional/treatment foster care home remains open for the return of the child/youth.
4. Completing twenty (20) OR thirty-two (32) hours of training described in a written training development plan established between the traditional/treatment foster care agency and each traditional/treatment foster care parent. The training development plan must provide for:
 - a. Training that emphasizes skill development, knowledge, acquisition, and preparation related to meeting the needs of the child/youth placed in the treatment foster care home;
 - b. Training in program policies and procedures, ethics, and cultural competency;
 - c. No less than twelve (12) OR twenty two (22) hours of required training shall take place in a classroom setting or in an interactive setting that allows the program to gauge the traditional/treatment foster care parent(s)' strengths and needed supports and facilitates the development of positive relationships between program staff and traditional/treatment foster parents, as well as between peer traditional/treatment foster parents; and
 - d. First aid and CPR training hours do not count toward the required twenty (20) OR thirty- two (32) annual training hours.
5. Comply with all current and future updated State Licensing and Griffith Centers for Children, Inc. policies, procedures, rules and regulations.
6. Provide clean and comfortable accommodations, nutritious food, appropriate clothing, appropriate toys, and recreational and educational activities.
7. Treat each child and youth 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 treatment foster parents, or their respite providers, use any type of corporal or physical punishment on a foster child and youth.
8. Work towards maintaining open communication and reunification with the child and youth's birth family and extended family within the guidelines of the treatment plan.



9. Always treat the child and youth's family with dignity and respect. Attend a meeting with the child and youth's family and agency staff within the first week of placement in an Icebreaker Meeting.
10. Provide appropriate medical, dental, mental health and other care as needed for each child and youth per the Family Services Plan (FSP) – 3A.
11. Maintain a foster file on each child and youth in your care, containing a health passport, therapy record, visitation logs, Medicaid card, school progress reports, monthly progress reports, medical and dental documentation, etc.
12. Maintaining confidentiality of personal information for each child and youth.
13. Attend and participate as a member of the child and youth's professional team in all required meetings. This includes but is not limited to: staffings, court hearings, Administrative Reviews (ARD), and Team Based Decision Making (TDM) meetings.
14. Be open and honest regarding a foster child and youth's behaviors and progress.
15. Work cooperatively with community agencies involved with the foster child and youth. This includes but is not limited to: County Caseworker, Mental Health Therapist, Guardian Ad Litem (GAL), Court Appointment Special Advocate (CASA), Griffith Centers for Children, Inc. Home Supervisors, and Department of Human Services Licensing and Monitoring Specialists.
16. Provide transportation and supervision to and from any required appointments or visitations.
17. Assist in educational planning, aid with homework, and attend all parent-teacher and Individual Education Planning (IEP) meetings.
18. Expose and involve foster children and youth in a wide variety of enrichment and recreational activities, i.e. sports, scout troops, clubs, youth groups, musical or artistic training, YMCA, etc.
- 19. Notify the agency at 719.494.4890 in the event of a critical accident, illness or emergency requiring medical attention or other crises. Complete and submit an incident report to the Home Supervisor/Care Coordinator within 24 hours.**
20. Report immediately any problems that may cause premature termination of a placement.
21. Work cooperatively with agency staff to preserve placement. If premature termination is to occur, it should only occur after all possible resources and/or interventions are exhausted. Written notice of at least 30-Days is required in order to find an appropriate alternative placement.

I/We have read and understand the above requirements concerning my expectations and responsibilities.

Signature

Date

Signature

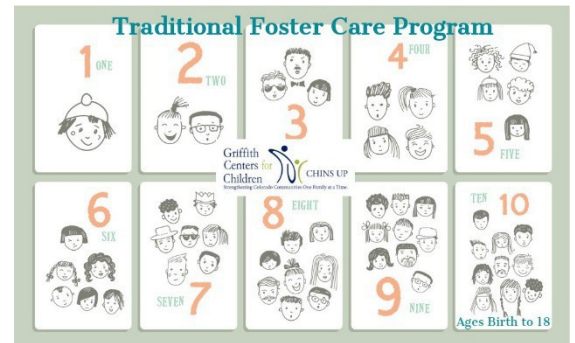
Date

Foster Care Certification Process

Brief Overview

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

- ✓ Have an initial **consultation** with the Griffith Centers for Children, Inc. 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 **SAFE 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, Inc. 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**.
- ✓ Have a **Colorado Department of Human Services – Trails** 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: CDHS changes rules and regulations for foster and adoptive homes regularly. Other information may be requested.