

COLORADO DEPARTMENT OF HUMAN SERVICES
ORIGINAL APPLICATION TO CARE FOR CHILDREN

CHECK ALL THAT APPLY	FAMILY FOSTER HOME COMBINED FAMILY FOSTER/DAY CARE HOME	FAMILY FOSTER HOME/RECEIVING HOME ADOPTION				
DATE OF APPLICATION	1. FIRST NAME/MIDDLE INITIAL/LAST NAME (maiden name when appropriate)					
	2. FIRST NAME/MIDDLE INITIAL/LAST NAME (maiden name when appropriate)					
ADDRESS (street and number or RFD)		TOWN OR CITY				
MAILING ADDRESS		TOWN OR CITY				
		ZIP				
		COUNTY				
HOME TELEPHONE	WORK TELEPHONE(S)	SCHOOL DISTRICT NO.				
_____	APPLICANT 1: _____	_____				
_____	APPLICANT 2: _____	_____				
DIRECTIONS FOR REACHING HOME						
HAVE YOU EVER BEEN LICENSED OR CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE? (list all) _____ HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE? YES NO WHERE? (list all) _____		HAVE YOU PREVIOUSLY ADOPTED A CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE? _____ HAVE YOU APPLIED TO ANOTHER AGENCY TO ADOPT A CHILD? YES NO WHERE? _____				
MEMBERS OF HOUSEHOLD	APPLICANT	APPLICANT	CHILD	CHILD	CHILD	MEMBERS OF HOUSEHOLD (relationship)
LAST, FIRST, MIDDLE						
SSN						
BIRTHPLACE						
BIRTHDATE						
RACE/ETHNIC						
RELIGION						
EDUCATION						
OCCUPATION						
SPECIAL INTERESTS TALENTS						

NAME AND ADDRESS OF APPLICANT'S EMPLOYER(S)

APPLICANT 1 _____

APPLICANT 2 _____

	TITLE OF APPLICANT'S POSITION(S)	GROSS INCOME	DATE FIRST EMPLOYED HERE
APPLICANT 1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
APPLICANT 2	_____	_____	_____
	_____	_____	_____

	EMPLOYER	FROM	TO
APPLICANT 1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
APPLICANT 2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

IF SELF-EMPLOYED, TYPE OF WORK:

ARE YOU OR A MEMBER OF YOUR FAMILY CURRENTLY BEING TREATED FOR AN ILLNESS? YES NO

LIST ASSETS: SAVINGS & INVESTMENTS, PERSONAL PROPERTY VALUE, EQUIPMENT, REAL ESTATE OTHER THAN HOME, CHILD SUPPORT RECEIVED, ETC.

LIABILITIES: WITH THE EXCEPTION OF HOME, LIST BY ITEM & AMOUNT, INCOME CHILD SUPPORT PAID, ETC.

INSURANCE: LIFE INSURANCE _____

HEALTH INSURANCE _____

PERSON, NOT LIVING AT YOUR ADDRESS, TO NOTIFY IN THE EVENT OF AN EMERGENCY (ADDRESS/PHONE NUMBER): _____

REFERENCES – LIST THREE OTHER PERSONS (not relatives) WHO HAVE KNOWN YOU WELL FOR AT LEAST ONE YEAR:

	NAME	MAILING ADDRESS (include zip code)	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SIGN THIS SECTION IF APPLYING FOR FOSTER CARE CERTIFICATE

The Undersigned hereby applies for a certificate to operate a Family Care Home under 26-6-101 et seq. C.R.S. and certifies to the following facts:

1. Any information given in the questions which follow shall be correct to the best of my (our) ability.
2. I (we) understand that before a certificate can be issued I (we) am (are) required to be fully familiar with the Rules Regulating Family Foster Care Homes issued by the Colorado Department of Human Services, and I (we) agree to fully comply with them.

3. I (we) understand that an investigation must be completed before a certificate can be issued and shall cooperate with the Department of Human Services in the investigation in order for the County department to determine conformity with the regulations.
4. I (we) understand that signature of this application constitutes permission for county departments or child placement agencies to release information regarding denials of licenses or certificates or prior history of licenses or certificates.
5. I (we) are aware that a certificate is time-limited and if issued, will designate the number and age of children 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 revocation.
6. I (we) hereby give authorization to the Agency to obtain reports of child abuse or neglect and to review the State Central Registry of Child Protection for the applicant(s). Applicants shall sign for their minor children living in the child care facility.
7. Members of the household who are not applicants or their minor children will be asked to sign an authorization for the Department to obtain reports of child abuse or neglect and review the State Central Registry of Child Protection.
8. I (we) understand that the applicant or any adult who resides in the family foster care home is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation, and all costs shall be borne by the applicant or person who resides in the family care home.
9. I (we) understand that our home cannot be certified by more than one child placement agency or county department of social services.
10. I (we) understand that our home cannot be certified and licensed simultaneously.
11. I (we) understand that I (we) must attend required training prior to full certification.
12. I (we) understand that I (we) may be subject to immediate revocation of my (our) certificate or license or other negative licensing Action as set forth in Section 26-6-107.7. and as described by rule of the State Board.

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 upon conviction thereof, shall be punished accordingly.

Date

Signature of Applicant

Signature of Applicant

SIGN THIS SECTION IF APPLYING ONLY FOR ADOPTION

The Undersigned hereby applies for adoption and agrees to the following:

1. Any information given in the questions which follow shall be correct to the best of my (our) ability.
2. I (we) hereby give authorization to the Department to obtain reports of child abuse or neglect or to review the State Central Registry of Child Protection for the applicant(s). Applicants shall sign for their minor children living in the child care facility.
3. Members of the household who are not applicants or their minor children will be asked to sign an authorization for the Department to obtain reports of child abuse or neglect or review the State Central Registry of Child Protection.
4. I understand that the applicant or any adult who resides in the adoptive family is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation, and all costs shall be borne by the applicant or person who resides in the adoptive home.
5. I (we) understand that our adoptive home study cannot be active with more than one placement agency or County Department of Social/Human Services.

Date

Signature of Applicant

Signature of Applicant