



# COLORADO DEPARTMENT OF HUMAN SERVICES

## Original Application to Care for Children and Youth

\* Denotes sections required for non-certified kinship care applicants to complete

<b>Date of Application*:</b>					
<b>Area of Interest*:</b> (mark all that apply) <input type="checkbox"/> Foster Care Home <input type="checkbox"/> Kinship Foster Care Home <input type="checkbox"/> Treatment Foster Care Home  <input type="checkbox"/> Therapeutic Foster Care Home <input type="checkbox"/> Respite  <input type="checkbox"/> Non-certified kinship care <input type="checkbox"/> Adoption <input type="checkbox"/> Relative Guardianship Assistance Program (RGAP)					
<b>Are you interested in a specific child or youth*?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the child or youth and your relationship to the child or youth?  <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">First Name</td> <td style="width: 15%;">Middle Name</td> <td style="width: 20%;">Last Name</td> <td style="width: 10%;">DOB</td> <td style="width: 35%;">Relationship to child or youth</td> </tr> </table>	First Name	Middle Name	Last Name	DOB	Relationship to child or youth
First Name	Middle Name	Last Name	DOB	Relationship to child or youth	
<b>If you are not interested in a specific child or youth, do you have any preferences?</b> Age Range:      Number of Children or Youth:      Gender Identity: <input type="checkbox"/> <input type="checkbox"/> No Preference					
<b>Why do you want to foster, provide respite, provide non-certified kinship care, adopt, or become a relative guardian for a child or youth*?</b>					

### Household Information

Type of Residence:	<input type="checkbox"/> House <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other Housing Unit Do you rent or own your residence? <input type="checkbox"/> Rent <input type="checkbox"/> Own Length of time in current residence*			
	County of Residence*	School District of Residence*		
Phone:	Home Phone	Cell Phone	Cell Phone	
Physical Address*:	Street Address	City	State	Zip Code
Mailing Address*: (if different)	Mailing Address	City	State	Zip Code
Other: Pets in the Home	Specify type and breed: Type                      Breed			



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<b>Applicant 1*</b>						
First Name	Middle Name	Last Name	Maiden/Alias/Other Names Known As			
Pronouns- please circle one: she/her/hers    he/him/his    they/theirs    something else						
DOB	Race	Ethnicity	Religion			
SSN or ITIN	Education Level	Cell Phone	Email			
Gender Identity		Place of Birth Town		State		
<b>Applicant 2*</b>						
First Name	Middle Name	Last Name	Maiden/Alias/Other Names Known As			
Pronouns- please circle one: she/her/hers    he/him/his    they/theirs    something else						
DOB	Race	Ethnicity	Religion			
SSN or ITIN	Education Level	Cell Phone	Email			
Gender Identity		Place of Birth Town		State		
<b>Other Members of the Household*</b>						
First Name	Middle	Last Name	DOB	SSN or ITIN	Relationship to Applicant	Maiden/Alias or Other Name
<b>Applicant 1*: _____</b>						
<b>Prior Residences in the past 5 years (Including out-of-state and out-of-country):</b>						
Street Address*		City or Town*		State or Country*	Zip Code	Dates of Residence*



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### Criminal History Applicant 1\*

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"/> Misdemeanor  | <input type="checkbox"/> No Criminal History |  |  |

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

### Medical and Mental Health Conditions\*: Applicant 1

Have you been diagnosed with or are you being treated for a medical condition?

Yes  No - If yes, please describe

Immunizations current Yes No NA

Have you been diagnosed with or are you being treated for a mental health condition?

Yes  No - If yes, please describe

### Employment: Applicant 1

(If you have been with current employer less than one year please also 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:

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:



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**Applicant 2\*:** \_\_\_\_\_

**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*

**Criminal History: Applicant 2\***

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"/> Misdemeanor  | <input type="checkbox"/> No criminal history |  |  |

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

**Medical and Mental Health Conditions\*: Applicant 2**

Have you been diagnosed with or are you being treated for a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe  Immunizations current   Yes   No   NA
Have you been diagnosed with or are you being treated for a mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe

**Employment: Applicant 2**

(If you have been with current employer less than one year please also 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:



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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:	
History of Placement of Children and Youth: Applicant 1 and Applicant 2			
	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:
Other Members of the Household*			
Criminal History*			
<p>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."</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Felony  <input type="checkbox"/> Drug Offense  <input type="checkbox"/> Misdemeanor         </div> <div style="width: 20%;"> <input type="checkbox"/> Child Abuse  <input type="checkbox"/> Sexual Offense  <input type="checkbox"/> No Criminal History         </div> <div style="width: 20%;"> <input type="checkbox"/> Crime of Violence  <input type="checkbox"/> Registered Sex Offender         </div> <div style="width: 20%;"> <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Alcohol Offense         </div> </div> <p>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</p>			
<b>Prior Residences in the past 5 years (Including out-of-state and out-of-country)*:</b>			



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<b>Attach additional information as needed</b>					
Name*	Street Address*	City or Town*	State or Country*	Zip Code*	Dates of Residence*
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: _____					
<b>Medical and Mental Health Conditions*</b>					
Have other members of the household been diagnosed with or been treated for a medical condition?	Yes	No	- If yes, describe		
	Name	Describe condition			
	Name	Describe condition			
	Immunizations	current for each	Yes	No	NA
Have other members of the household been diagnosed with or been treated for a mental health condition?	Yes	No	- If yes, describe		
	Name	Describe condition			
	Name	Describe condition			
<b>History of Placement of Children and Youth: Other Members of the Household</b>					
	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"/>			



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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:
Have any of your children been placed in out-of-home care due to abuse or neglect? If yes, please describe the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	

### Other Children of Applicant 1 and Applicant 2: Not Living in the Household

Name	Date of Birth	Phone	Address/Email

### Applicant 1

#### Marital/Partnership/Common Law/Civil Union History

Date of Marriage/ Common Law/Civil Union/ or Length of Partnership	State or Country Where Marriage/ Common Law/or Civil Union Occurred	Reason for Ending (if applicable)	Verification of Marriage, Civil Union, or Divorce	Name of current/former spouse/partner (if applicable)
			Yes    No	
			Yes    No	
			Yes    No	
			Yes    No	



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<b>Applicant 2</b>				
<b>Marital/Partnership/Common Law/Civil Union History</b>				
Date of Marriage/ Common Law/Civil Union/ or Length of Partnership	State or Country Where Marriage/ Common Law/ or Civil Union Occurred	Reason for Ending (if applicable)	Verification of Marriage, Civil Union, or Divorce	Name of current/former spouse/partner (if applicable)
			Yes    No	
			Yes    No	
			Yes    No	
			Yes    No	

<b>Finances To Meet Monthly Needs</b>			
Assets: Regular income and available savings and investments, personal property, equipment, real estate, etc.			
Item	Amount	Item	Amount
Monthly Liabilities and credit card debt, mortgage/rent: Real estate, auto, loans, and credit cards			
Item	Amount	Item	Amount

<b>Contacts in Case of Emergency for Applicant 1*</b>			
Name	Phone Number	Relationship to Applicant(s)	Email

**References**  
(Each applicant **MUST** provide 3 personal references, including at least 2 individuals who are not related to the applicant and who have known the applicant for a year or more)

<b>References: Applicant 1</b>				
Name	Mailing Address	Relationship	Phone	Email Address





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<b>References: Applicant 2</b>			
Name	Mailing Address	Relationship	Phone

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.

**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 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**



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other fingerprints. Discrepancies on your Colorado record may be challenged and corrected through the CBI at [www.colorado.gov/cbi](http://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](http://www.fbi.gov).

- 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.
- 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:

- 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.
- I (we) understand that only one CPA or county department of human or social service can certify our home.
- I (we) understand that I (we) must attend required training prior to certification.
- 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.

- Sign this section if applying for Non-certified Kinship Care\*:

Date:                      Signature of Applicant 1:                      Signature of applicant 2:

\_\_\_\_\_

- Sign this section if applying for Foster Care (includes respite) or Kinship Foster Care certification:

Date:                      Signature of applicant 1:                      Signature of applicant 2:

\_\_\_\_\_

- 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.



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Date: \_\_\_\_\_ Signature of applicant 1: \_\_\_\_\_ Signature of applicant 2: \_\_\_\_\_

4. Sign this section if applying for consideration of the Relative Guardianship Assistance Program:

Date: \_\_\_\_\_ Signature of applicant 1: \_\_\_\_\_ Signature of applicant 2: \_\_\_\_\_

