

COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children

Date:						
Check All That Apply:	ADOPTION <input type="checkbox"/>	FAMILY FOSTER HOME <input type="checkbox"/>	LEGAL RISK <input type="checkbox"/>	FAMILY FOSTER HOME/RECEIVING HOME <input type="checkbox"/>	CERTIFICATION AS RESPITE HOME <input type="checkbox"/>	KINSHIP <input type="checkbox"/>
Applicant 1:	First Name	Middle Name	Last Name			
Applicant 2:	First Name	Middle Name	Last Name			
Applicant 1 Contact: Information	Home Number	Work Number	Cell Number			
Applicant 2 Contact: Information	Home Number	Work Number	Cell Number			
Physical Address:	Street Address:					
City:			State:		Zip Code:	
Mailing Address:						
City:			State:		Zip Code:	
Applicant 1 Email: Address:						
Applicant 2 Email: Address:						

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School district where you reside:			
Driving Directions to the home:			
Are you or a member of your family currently being treated for a medical or psychological illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "yes" please explain:			
Indicate whether or not you or your spouse have ever had any of your own (birth or adopted) children placed due to abuse/neglect yes ____ no ____ .			
If "yes" please explain:			
EMERGENCY CONTACTS			
Person's not living at your address to notify in the event of an emergency:			
Name	Relationship	Best Telephone Number	Email

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CHILD PLACEMENT HISTORY			
Are you interested in a child:	To Adopt <input type="checkbox"/>	For Foster Care <input type="checkbox"/>	Legal Risk <input type="checkbox"/>
Have you ever been licensed or certified for childcare or foster care? If "yes" where:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been denied a license or certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes" where:
Have you previously adopted a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes" where:
Have you applied to another agency to foster or adopt a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes" where:
Have you ever had a home study that was not approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, for what agency?
Are you interested in a particular child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes" child's name and relationship: _____ _____
If "no" what ages and number of children would be of interest to you:		Ages:	Number of children desired?
Gender Preferred:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Either <input type="checkbox"/>
Have you ever cared for a child placed in your home other than your own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was child placed by an: Agency <input type="checkbox"/> Court <input type="checkbox"/>
If not, by whom was child placed in your home: _____			

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Name and Address of Agency:			
Why do you want to foster or adopt a child?			
MEMBERS OF HOUSEHOLD			
Applicant 1:			
Last Name	First Name	Middle Name	
SSN	Birth Date	Birth Place	Occupation
Education	Religion	Special Interests	
Applicant 2:			
Last Name	First Name	Middle Name	
SSN	Birth Date	Birth Place	Occupation
Education	Religion	Special Interests	

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Members of the household continued....

Child:					
Last Name		First Name		Middle Name	
SSN		Birth Date		Birthplace	
Relationship to Applicant 1:				Relationship to Applicant 2:	
Education		Religion		Special Interests	
Child:					
Last Name		First Name		Middle Name	
SSN		Birth Date		Birth Place	
Relationship to Applicant 1:				Relationship to Applicant 2:	
Education		Religion		Special Interests	

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Child:			
Last Name	First Name	Middle Name	
SSN	Birth Date	Birth Place	
Relationship to Applicant 1:		Relationship to Applicant 2:	
Education	Religion	Special Interests	
Other Members of Household:			
Last Name	First Name	Middle Name	Relationship
SSN	Birth Date	Birth Place	Occupation
Education	Religion	Special Interests	

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Other Members of Household:			
Last Name	First Name	Middle Name	Relationship
SSN	Birth Date	Birth Place	Occupation
Education	Religion	Special Interests	
Marital History			
Date of Marriage or Length of Relationship	State Where Married	How Ended (Divorce, Death, Other)	Verification of Marriage or Divorce
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other children of Applicant 1 and Applicant 2 not in the household:			
Name	Date of Birth	Whereabouts	
Pets in the home (type and number):			

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CRIMINAL HISTORY

Have you, anyone living with you, or anyone employed by you in your home, ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following category? Please check all that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Felony | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Crime of Violence | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Offense | <input type="checkbox"/> Drug Offense | | |
| <input type="checkbox"/> Conviction | <input type="checkbox"/> Deferred Prosecution | <input type="checkbox"/> Deferred Judgment | |

If yes, name of person(s):

Name at time of conviction, if different:

Type of Conviction:

Date of Conviction:

In what town and state did the conviction occur?

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RESIDENCE				
Do you live in a:	House <input type="checkbox"/>	Townhouse or Condominium <input type="checkbox"/>	Apartment <input type="checkbox"/>	
Do you:	Rent:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Own:
				Yes <input type="checkbox"/>
				No <input type="checkbox"/>
Please provide previous addresses for the past five years:				
Street Address	City/Town	State	Zip Code	Length of Residence

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CURRENT EMPLOYMENT

(If you have been with current employer less than 1 year please provide previous employment information, if self employed please provide information about your business)

Applicant 1:

Name of Employer:

Address of Employer:

Title of Position:

Gross Monthly Income:

Dates Employed:

Applicant 1 Previous Employment History:

Name of Employer:

Address of Employer:

Title of Position:

Gross Monthly Income:

Dates Employed:

Applicant 2:

Name of Employer:

Address of Employer:

Title of Position:

Gross Income:

Dates Employed:

Applicant 2 Previous Employment History:

Name of Employer:

Address of Employer:

Title of Position:

Gross Monthly Income:

Dates Employed:

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FINANCES			
List assets: savings and investments, personal property value, equipment, real estate other than home, and other			
Item	Amount	Item	Amount

List liabilities: with exception of home, list by item and amount, and other			
For example: home, auto, loans, and credit cards...			
Item	Amount	Item	Amount

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INSURANCE			
Type	Yes	No	Name of Insurance Provider
Health	<input type="checkbox"/>	<input type="checkbox"/>	
Life	<input type="checkbox"/>	<input type="checkbox"/>	
Home/Rental	<input type="checkbox"/>	<input type="checkbox"/>	
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	

REFERENCES		
List three persons (2 non relatives) who have known you well for at least one year		
Applicant 1:		
Name	Mailing Address (including zip code)	Telephone Number
Applicant 2:		
Name	Mailing Address (including zip code)	Telephone Number

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SIGN THIS SECTION, IF APPLYING FOR FOSTER CARE AND/OR ADOPTION

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) in the custody of a county department of human/social services (county) or private child placement agencies (CPA's) and certifies to the following facts:

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 services in the investigation in order for the county department's or CPA's to determine conformity with the regulations.
3. I (we) understand that signature of this application constitutes permission for county departments or (CPA's) 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 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 or CPA's 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/CPA office 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.

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.

Foster Care:

8. I (we) understand that before a certificate can be issued I (we) 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.
9. I (we) understand that more than one CPA or county department cannot certify our home.
10. I (we) understand that I (we) must attend required training prior to certification.

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11. 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.

SIGN THIS SECTION IF APPLYING FOR FOSTER CARE CERTIFICATION:

DATE: _____ **SIGNATURE OF APPLICANT:** _____ **SIGNATURE OF APPLICANT:** _____

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

DATE: _____ **SIGNATURE OF APPLICANT:** _____ **SIGNATURE OF APPLICANT:** _____

SIGN THIS SECTION IF APPLYING FOR KINSHIP CARE:

DATE: _____ **SIGNATURE OF APPLICANT:** _____ **SIGNATURE OF APPLICANT:** _____

SIGN THIS SECTION IF APPLYING FOR APPROVAL FOR ADOPTION:

The Undersigned hereby applies to adopt a child (ren) in the custody of a County Department of Human/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 in the custody of the County department.

DATE: _____ **SIGNATURE OF APPLICANT:** _____ **SIGNATURE OF APPLICANT:** _____

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AFFIDAVIT

**for the 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 _____

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: _____

Signature: _____

Date: _____