



BOULDER COUNTY  
**HOUSING  
& HUMAN  
SERVICES**



**Three60° Family Support**  
Foster Care | Respite | Kinship | Adoption

## **Application**

for prospective foster, respite, kinship and adoptive families

Before submitting, please ensure that all applicants have signed and dated in all areas.

You will need to sign on pages:

**\_14** Foster-and-Adopt applicants are to sign in both the *Foster Care* and *Adoption* sections

**\_15 or 16** Affidavit of Lawful Residence

**\_18** Boulder Registry

**\_20** Fair Credit Reporting Act (*this page is numbered 2 of 4*)

*This application is available for download at [www.BoulderCountyKids.net](http://www.BoulderCountyKids.net) under the Getting Started tab.  
Questions? Contact Samantha at [sfrazee@bouldercounty.org](mailto:sfrazee@bouldercounty.org) or 303-441-1081*



## 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Foster Care Home	Respite	Kinship Foster Care Home	Adoption	Non-Certified Kinship Care
<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? Name _____ Relationship _____						
<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: <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> No Preference						
<b>Why do you want to foster, adopt, or provide non-certified kinship care for a child or youth*?</b>						

Applicant 1*:						
First Name	Middle Name	Last Name	Maiden/Alias/Other Names Known As			
DOB	SSN	Cell Phone	Email			
Applicant 2*:						
First Name	Middle Name	Last Name	Maiden/Alias/Other Names Known As			
DOB	SSN	Cell Phone	Email			
Other Members of the Household*:						
First Name	Middle	Last Name	DOB	SSN	Relationship to Applicant	Maiden/Alias or Other Name
Household Information						
Type of Residence: <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Condominium <input type="checkbox"/> Apartment Do you rent or own your residence? <input type="checkbox"/> Rent <input type="checkbox"/> Own						



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Length of time in current residence*				
Physical Address*:	Street Address	City	State	Zip Code
Mailing Address*: (if different)	Mailing Address	City	State	Zip Code
Home Phone:		School District of Residence:		
Pets in the Home: Specify type and breed: <div style="display: flex; justify-content: space-around;"> <span>Type</span> <span>Breed</span> </div>				
<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*
<input type="checkbox"/> Male <input type="checkbox"/> Female Gender:		Place of birth:		
<b>Criminal History*</b>				
<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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Felony</div> <div style="width: 25%;"><input type="checkbox"/> Child Abuse</div> <div style="width: 25%;"><input type="checkbox"/> Crime of Violence</div> <div style="width: 25%;"><input type="checkbox"/> Domestic Violence</div> <div style="width: 25%;"><input type="checkbox"/> Drug Offense</div> <div style="width: 25%;"><input type="checkbox"/> Sexual Offense</div> <div style="width: 25%;"><input type="checkbox"/> Registered Sex Offender</div> <div style="width: 25%;"><input type="checkbox"/> Alcohol Offense</div> <div style="width: 25%;"><input type="checkbox"/> Misdemeanor</div> <div style="width: 25%;"><input type="checkbox"/> N/A</div> </div> <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>				
<b>Medical and Mental Health Conditions*</b>				
Have you been diagnosed with or are you being treated for a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please describe			
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, please describe			



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<b>Employment</b>				
(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: _____				
Name of Employer: Address of Employer: Title of position: Gross monthly income: _____ Dates Employed: _____				
<b>APPLICANT 2*:</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*
<input type="checkbox"/> Male <input type="checkbox"/> Female   Gender: _____ Place of birth: _____				
<b>Criminal History*</b>				
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				
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				
<b>Medical and Mental Health Conditions*</b>				
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		
Have you been diagnosed with or are you being		<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe		



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treated for a mental health condition?					
<b>Employment</b>					
(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: _____					
Name of Employer: Address of Employer: Title of position: Gross monthly income: _____ Dates Employed: _____					
<b>Other Members of the Household*</b>					
<b>Criminal History*</b>					
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					
<b>Prior Residences in the past 5 years (Including out-of-state and out-of-country)*:</b>					
<b>Attach additional information as needed</b>					
Name*	Street Address*	City or Town*	State or Country*	Zip Code*	Dates of Residence*



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## Original Application to Care for Children and Youth

Medical and Mental Health Conditions*		
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
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

History of Placement of Children and Youth with Other Members of the Household			
	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 Children of Applicant 1 and Applicant 2 Not Living in the Household			
Name	Date of Birth	Phone	Address/Email
Name	Date of	Phone	Address/Email



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	Birth		
Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email
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	Verification of Marriage, Civil Union, or Divorce	Name of former spouse/partner
			Yes    No	

### Applicant 2

#### Marital/Partnership/Civil Union History

Date of Marriage or Civil Union or Length of Partnership	State Where Marriage/Civil Union Occurred	Reason for Ending	Verification of Marriage, Civil Union, or Divorce	Name of former spouse/partner
			Yes    No	

#### Finances To Meet Monthly Needs

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



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estate, auto, loans, and credit cards			
Item	Amount	Item	Amount

History of Placement of Children and Youth			
	Yes	No	If yes, list 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:

Emergency Contacts*			
Name	Relationship	Telephone Number	Email

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

Applicant 1				
Name	Mailing Address	Relationship	Phone	Email Address

Applicant 2				
Name	Mailing Address	Relationship	Phone	Email Address



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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 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.

**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.



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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.

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:

\_\_\_\_\_

**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



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## Original Application to Care for Children and Youth

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I am lawfully present in the United States pursuant to federal law

DATE:                      SIGNATURE OF DEPARTMENT DESIGNEE:

\_\_\_\_\_



### 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 \_\_\_\_\_



## ADP BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Boulder County Department of Housing and Human Services (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 303-441-1000. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

<b><u>STATE SPECIFIC NOTICES</u></b>
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If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. A copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date: (Month/Day/Year)

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



DR 2559 (10/07/16)  
**COLORADO DEPARTMENT OF REVENUE**  
 Division Of Motor Vehicles  
 Driver Control Section, Room 164  
 PO Box 173350  
 Lakewood, CO 80217-3350  
 www.colorado.gov/revenue

**Search Fee \$9.00**  
**Certified fee (additional) \$1.00**

## Permission for Release of Individual Records

**Driver's License offices provide only personal driving record information.  
 Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO**  
 Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

I (please print) \_\_\_\_\_ hereby authorize the release of personal information as contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I), §42-3-125 C.R.S.).

Driver's Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I (please print) \_\_\_\_\_ am the parent or legal guardian

of (please print) \_\_\_\_\_ and hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1- (1)(b)(I), §42-3-125 C.R.S.).

Driver's Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Release Records to (name) \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address Boulder County  
Housing & Human Services

City 515 Coffman Street, Suite100 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Longmont, CO. 80501

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.



# Department of Housing & Human Services

## BOULDER REGISTRY CONFIRMED ABUSE/NEGLECT ASSESSMENT INQUIRY FORM

Check if inquiring about:  Employee/Volunteer  Foster Care/Respite  Adoption  Kinship

BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES requires the following information in order to provide a reliable response to your inquiry. Please fill in all the blanks. The records are confidential. Please be advised that the use of this form to request information on any individual who does not fit in the above listed categories, and/or the sharing of this information for any other purpose is a Class j-1 Misdemeanor and shall be punished as provided for in 18-1.3-501, CRS.

I authorize the persons, agencies, or institutions listed below to supply information requested by the County Department of Housing and Human Services concerning my application for or receipt of Housing and Human services. I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the county department, including the Office of the Boulder County Attorney. I release the person, agency, or institution from any and all liability for supplying such information from the following sources: BEAGLE, TRAILS, ADP, CBI, CO-COURTS

Name of BCDHHS Staff making this request: \_\_\_\_\_ Phone #: \_\_\_\_\_

### APPLICANT'S NAME (Do not use "N/A" on this form, please print all information clearly)

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias and/or Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Race	Social Security Number
_____	_____	_____	_____
Current Address	City/State	Zip Code	
_____	_____	_____	
Mailing Address	City/State	Zip Code	
_____	_____	_____	
Previous Address (if less than 5 years in Colorado)	City/State	Zip Code	

### SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on the back of this form)

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias and/or Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Race	Social Security Number

### CHILDREN (Use full names. Add additional children on the back of this form)

1) _____	_____	_____
Name	Date of Birth	Sex: M/F
2) _____	_____	_____
Name	Date of Birth	Sex: M/F
3) _____	_____	_____
Name	Date of Birth	Sex: M/F
4) _____	_____	_____
Name	Date of Birth	Sex: M/F

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_