Date:						
Check All That Apply:	ADOPTION	FAMILY FOSTER HOME	LEGAL RISK	FAMILY FOSTER HOME/RECEIVING HOME	CERTIFICATION AS RESPITE HOME	KINSHIP
Applic	ant 1:	First Name		Middle Name	Las	st Name
Applic	ant 2:	First Name		Middle Name	Las	st Name
Applicant 1		Home Number	er	Work Number	Cell	Number
Applicant 2 Contact: Information		Home Number Work Number		Work Number	Cell Number	
Physical Addr	ess:	Street Address:				
City:			State	:	Zip Code:	<del>.</del>
Mailing Addre	ss:				I	
City:			State	:	Zip Code:	
Applicant 1 Er Address:	nail:					
Applicant 2 Er Address:	nail:					

School district where you reside:									
Driving Directions to the home:									
Are you or a member of your fa		Yes No No							
for a medical or psychological	illness?								
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						

CHILD PLACEMENT HISTORY						
Are you interested in a child: 1	Γο Adopt □		For Foster Care	Legal Risk 🗌		
Have you ever been licensed foster care? If "yes" where:	or certified for	r childcare or	Yes	No 🗌		
Have you ever been denied a license or certificate?	Yes 🗌	No 🗌	If "yes" where:			
Have you previously adopted a child?	Yes 🗌	No 🗌	If "yes" where:			
Have you applied to another agency to foster or adopt a child?	Yes	No 🗌	If "yes" where:			
Have you ever had a home study that was not approved?	Yes	No 🗌	If so, for what agency?			
Are you interested in a particular child?	Yes 🗌	No 🗌	If "yes" child's name and re	elationship:		
If "no" what ages and number of children would be of interest to you:	-		Ages:	Number of children desired?		
Gender Preferred:	Boy		Girl	Either		
Have you ever cared for a child placed in your home other than your own?	Yes 🗌	No 🗌	Was child placed by an:	Agency	Court	
If not, by whom was child place	ced in your ho	ome:				

Name and Address of Agency:			
Why do you want to foster or adopt a child?			
	MEMBERS OF HOUS	EHOLD	
Applicant 1:	WIEWIBERS OF TIOOS	LIIOLD	
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	

Original Application to Care for Children

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:		
	Religion	Special Interests		

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

Other Members of Household:	:			
Last Name	First Name	Middle Name	Relationship	
CCN	Dieth Data	Dieth Diese	Occupation	
SSN	Birth Date	Birth Place	Occupation	
Education	Religion	S	pecial Interests	
	Marita	l History		
Date of Marriage or Length of Relationship	State Where Married	How Ended (Divo	rce, Verification of Marriage or Divorce	
		,	Yes  No	
			Yes No No	
			Yes No No	
Other children of Applicant 1 a	and Applicant 2 not in the	household:		
Name	Date	of Birth	Whereabouts	
Pets in the home (type and nu	ımber):			

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.  ☐ Felony ☐ Child Abuse ☐ Crime of Violence ☐ Domestic Violence								
☐ Sexual Offense ☐ Drug Offense								
ion	Deferred Judgment							
If yes, name of person(s):								
me of conviction, if different:								
onviction:								
Date of Conviction.								
In what town and state did the conviction occur?								
anyone living with you, or anyone employed by you in your home, ever been n, or deferred judgment for any of the following category? Please check all to Child Abuse Crime of Violence    Sexual Offense   Deferred Prosecution   Def	hat apply.  Domestic Violence  Drug Offense							

RESIDENCE							
Do you live in a:	House	Towr	nhouse or Condo	ominium 🗌		Apart	ment
Do you:	Rent:	Yes 🗌	No 🗌	Own:		Yes 🗌	No 🗌
Please provide pro	evious addresse	s for the pas	t five years:				
Street A	Address	Cit	:y/Town	State	Zi	p Code	Length of Residence

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:							
<b>Applicant 1 Previous Employme</b>	ent 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:							

FINANCES							
List assets: savings and investments, personal property value, equipment, real estate other than home, and other ltem Amount Item Amount							
7							
		estments, personal property value, equipment, real estate					

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

INSURANCE						
Type	Yes	No	Name of Insurance Provider			
Health						
Life						
Home/Rental						
Automobile						
Disability						

	REFERENCES	
List three persons (2)	non relatives) who have known you we	Il 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

### Original Application to Care for Children

### 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.

### Original Application to Care for Children

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.

DATE:	SIGNATURE OF APPLICANT:	SIGNATURE OF APPLICANT:
In accordance with P.L. in the custody of the Co		re) eligible to apply for an adoption tax credit, if I (we) finalize an adoption of a chil
	APPLYING FOR APPROVAL FOR ADOPTIO applies to adopt a child (ren) in the custody of	N: a County Department of Human/Social Services and certifies to the following facts:
SIGN THIS SECTION IF DATE:	APPLYING FOR KINSHIP CARE: SIGNATURE OF APPLICANT:	SIGNATURE OF APPLICANT:
SIGN THIS SECTION IF DATE:	APPLYING FOR KINSHIP OR FOSTER CAR SIGNATURE OF APPLICANT:	E CERTIFICATION: SIGNATURE OF APPLICANT:
DATE:	SIGNATURE OF APPLICANT:	SIGNATURE OF APPLICANT:
SIGN THIS SECTION IF	APPLYING FOR FOSTER CARE CERTIFICA	TION:

Original Application to Care for Children



### **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):
1	am a United States Citizen, or	
1	am a legal Permanent Resident of the United S	States, or
1	am lawfully present in the United States pursua	ant to federal law
me to pro- fictitious, of second de	ovide proof that I am lawfully present in the Unit or fraudulent statement or representation in thi	ed by law because I have applied for a public benefit. I understand that state law required states prior to receipt of this public benefit. I further acknowledge that making a false is sworn affidavit is punishable under the criminal laws of Colorado as perjury in the 33 and it shall constitute a separate criminal offense each time a public benefit is
S	Signature	Date
s	Signature	Date

## Original Application to Care for Children



#### **AFFIDAVI7**

#### DECLARACION / JURAMENTO

		DECLARACION / JURAWIEN I O		
•	n los Estados Unidos Y	•	Politica y Financiamiento de la Salud Como afirmo bajo pena de perjurio bajo las leyes	
Soy ciudadano d	de los Estados Unidos,	0		
Soy residente p	ermanente de los Esta	dos Unidos, o		
Estoy legalmen federal.	te presente en los Esta	idos Unidos conforme a la ley		
las leyes del estado requiere pueda recibir esta ayuda púb declaracion jurada es penad	en que yo proveé prue blica. Tambien reconozo da bajo la ley criminal	eba de que Yo estoy presente leg co que hacer una declaración o rep l de Colorado como perjurio de s	he solicitado ayuda pública. Yo entiendo almente en los Estados Unidos antes de presentación falsa, ficticia o faudulenta en egundo grado bajo el Estatuto Corregido elica sea fraudulentamente recibida.	que esta
Signature:	Date:	Signature:	Date:	