FOR STATE USE ONLY

Colorado Department of Human Services CCS37 (Rev. 5-08) (Page 1 of 3) **Website: www.colorado.gov/CDHS/childcare** **ORIGINAL APPLICATION FOR A FAMILY CARE HOME LICENSE**	Provider I.D. _____ Worker Name _____ License Fee Received $ _____ # of CBI Cards Received_____ CBI/FBI Fee Received $ _____ Total Fee Received $_____

COMPLETE THIS FORM IN BLACK INK ONLY. KEEP A COPY FOR YOUR RECORDS. A NONREFUNDABLE license fee is required at the time of application. Send SIGNED ORIGINAL of this application, required fingerprint cards, and one check or money order to cover the license and CBI fees to the following address. Make the check or money order payable to the Department of Human Services.

Colorado Department of Human Services
Division of Child Care
1575 Sherman Street, First Floor
Denver, CO 80203-1714

Check one of the following: _____ Original _____ Change of Address _____Change of License Type

Check one:

☐ Family Child Care Home (less than 24-hour care)	☐ Family Child Care Home 3 children under 2 yrs (less than 24-hour care)	☐ Infant/Toddler Home	☐ Large Family Child Care Home (less than 24-hour care)	☐ Experienced Family Child Care Home Provider	☐ Family Foster Home (24-hour care) School Dist #_____
	The above (5) five license types have specific additional requirements. See Rules Regulating Family Child Care Homes for requirements.				

Applicant (1) **Last Name**	First Name	Middle Name	Social Security # or Federal I.D.#	
Applicant/Spouse (2) **Last Name**	First Name	Middle Name	Social Security #	
Address of Home	City	Zip	County	Telephone #
Mailing Address If Different	City	Zip	County	E-Mail Address

The undersigned hereby applies for a license to operate a Family Care Home under 26-6-101 et seq. C.R.S. 1999 as amended, and certifies to the following facts:

I have read and am fully familiar with the licensing rules regulating family care homes and/or the standard rules and regulations for family foster homes issued by the Colorado Department of Human Services, and I agree to fully comply with them.

I understand that until a license is issued, it is illegal for me to care for children from more than one family.

I understand that before a license is issued an investigation must be completed, and I will cooperate with the Department of Human Services in its investigation to determine conformity with the regulations.

I understand that if issued a license, it will designate the number and ages of children for which care may be given. Further, I understand that if I fail to maintain the rules and regulations, the license is subject to revocation.

I hereby give authorization to the Department to obtain reports from the State automated database of child abuse or neglect pursuant to state law. Applicants must sign for their minor children living in the childcare facility.

I understand that the applicant or any person 18 years of age or older who resides in the family care home is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation, and that all costs will be borne by the applicant or person who resides in the family care home.

I agree to adhere to the non-discrimination provisions of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, and Titles I through V of the Americans with Disabilities Act, as amended, and their implementation regulations which prohibit discrimination on the grounds of race, color, national origin, age, or disability.

I understand that upon receipt by the Colorado Department of Human Services, this application becomes a public record.

Responses to the questions which follow are correct to the best of my ability. I understand that providing false information to the Colorado Department of Human Services could result in my being fined as much as $100 a day to a maximum of $10,000.

I understand that should I knowingly or willfully make a false statement of any material fact or thing in this application I am guilty of perjury in the second degree as defined in Section 18-8-503, Colorado Revised Statutes, and, upon conviction thereof, shall be punished accordingly.

Please note: Applicants 1 & 2 must sign below.

Signature of Applicant (1)	Signature of Applicant/Spouse (2)	Date

Please Complete the Following Questions:

Length of time at present address:

Directions for reaching home:

Have you ever applied for a license for childcare in Colorado before? If "Yes," when, what type, and provider number" ☐ Yes ☐ No
If "Yes," what name and address appeared on the application?

Previous addresses for applicant(s) during last five years: (Use additional paper if necessary)				
Street Address	City	State	From	To
Street Address	City	State	From	To

Has any adult living in the home including **yourself** ever used or been known by another name eg. maiden name, alias?
☐ Yes ☐ No

If "Yes," state Present name _____Previous name _____

List below **all** persons living in your home including **yourself**, spouse/significant other, children, relatives, roommates, boarders, unrelated persons

Name	Social Security #	Birth Date	Relationship To Applicant	Date of last Medical

Have you, anyone living with you, or anyone employed by you been convicted or entered into a deferred sentence for **ANY** felony offense, **ANY** child abuse, or unlawful sexual behavior? ☐ Yes ☐ No

If "Yes," name of person Birth Date

Name at time of conviction or deferred sentence, if different than listed above

Type of conviction/deferred sentence Date of conviction/deferred sentence

In what town, county, state did conviction/deferred sentence occur?

_____

(Town) (County) (State)

The following section applies ONLY to adults (18 and older) OTHER THAN APPLICANTS 1 & 2 living in the home.

Adults (18 and older) OTHER THAN APPLICANTS 1 & 2 living in the home: eg grandparents, aunts, uncles, children going to college and also including permanent substitutes and additional primary caregivers, must sign and have notarized the statement below.

I hereby authorize the Colorado Department of Human Services, Division of Child Care, to review my name with the State automated data base to obtain any reports of child abuse or neglect.

Print Full Name	Signature
Birth Date	Address _____

Subscribed and sworn to before me this _____ day of _____ _____ (year)

My commission expires _____ _____ (year)

_____
NOTARY

_____
ADDRESS

Applicants for the Experienced Family Child Care Home license must sign both page 1 and page 3 (below).

I affirm that I:

Have been a family child care home provider in Colorado for at least the last 6 consecutive years

Have completed 90 clock hours of training (excluding pre-licensing training) within the preceding 6 years, 40 hours of which are in the area of infant/toddler development.

Will complete, each year, at least 12 clock hours of ongoing training, with a minimum of 6 of the hours in the area of child growth and development

Have had no substantiated complaints in the preceding 2 years for violations that could directly threaten the health or safety of children in care

Have had no negative licensing action taken against my license in the preceding 2 years

Meet requirements of 35 square feet of inside space and 75 square feet of outside space per child

Am in compliance with local zoning restrictions

Am in compliance with all rules regulating Experienced Family Child Care Home Providers as well as all other rules regulating Family Child Care Home Providers

Understand that if I am approved by the Department of Human Services as an Experienced Family Child Care Home Provider I waive the right to appeal any rules related to capacity or space requirements

Understand that should Section 7.707.2D of the Rules Regulating Family Child Care Homes be eliminated, my experienced provider license will revert to regular license status.

Understand that the experienced provider license will immediately revert to regular license status if at any time the home is found to be over capacity by a licensing representative.

_____ _____
Signature of Applicant (1) Date

_____ _____
Signature of Applicant/Spouse (2) Date