Colorado Department of Human Services

ORIGINAL APPLICATION FOR HAGUE INTERCOUNTRY ADOPTION AGENCY ACCREDITATION

License I.D. #

TYPE OF ACCREDITATION OR APPROVAL:

- ❑ Full Accreditation
- ❑ Approval (for profit agency)
- ❑ Renewal Application (for full accreditation or approval)

Name of Agency		Colorado's Executive Director's Name		
Location Address	Street	City	Zip	County
Mailing Address	Street	City	Zip	Telephone
Email address for contact person for application:				
Days and Hours of Operation	Federal Employer's I.D. #	Circle one: For profit Non-profit		

List all of the agency's out of state offices and note any that the applicant plans on supervising under their accreditation.

#1) Out of State office location address:	Street	City	State	Zip	Telephone
#1) Out of State office mailing address:	Street	City	State	Zip	Telephone
#2) Out of state office location address:	Street	City	State	Zip	Telephone
#2) Out of state office mailing address:	Street	City	State	Zip	Telephone

Please list any additional out of state offices and complete addresses:

Please list which out of state offices will be supervised by the Colorado agency:

Total number of intercountry adoptions completed in previous calendar year:	
Total number of intercountry adoptions completed with another country party to the Hague Convention for Intercountry Adoptions in the previous calendar year:	
Number of years licensed in Colorado:	Other names that the agency has been known by:

ADMINISTRATION

Legal Name of Governing Body					
Address of Governing Body	Street	City	State	Zip	Telephone
Name and address of President of Board of Directors	Street	City	State	Zip	Telephone

By signing below the applicant is acknowledging the following:

- That the information provided is true and accurate.
- That the applicant has read, understands and agrees to comply with the Final Rules for Hague Convention on Intercountry Adoption; Intercountry Adoption Act of 2000 (22CFR Parts 96, 97 and 98)
- That the applicant understands that before accreditation or approval is issued a review to determine substantial compliance will be completed and the applicant agrees to cooperate with the Colorado Department of Human Services in its review to determine substantial compliance.
- That the applicant agrees to cooperate with any investigations conducted by the Colorado Department of Human Services.
- That the applicant understands that the application fee for full accreditation, temporary accreditation and approval is non-refundable and will not be returned even if this application is denied.
- That the agency will reimburse the Colorado Department of Human Services any travel expenses incurred by the Department if the Department deems it necessary to travel to an out of state office belonging to the applicant for the purpose of monitoring or investigating the out of state office.
- The applicant agrees to pay the Department of Human Services the annual fee in order to maintain their accreditation.
- The applicant understands that they must be located and currently licensed as a Child Placement Agency in the State of Colorado.
- The applicant has not applied to any other accrediting entity.
- The applicant understands that if they knowingly or willfully make a false statement of any material fact or thing in this application they are 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.

Signature of Applicant	Print Name of Applicant	Title of Applicant	Date

MAIL COMPLETED APPLICATION, ANY REQUIRED DOCUMENTS AND ATTACHMENTS, AND ACCREDITION FEE TO:

Colorado Department of Human Service
Division of Child Care
1575 Sherman Street, 1st Floor
Denver, CO 80203-1714

For further information or clarification, contact your licensing representative at 1-800-799-5876 or 303-866-5958.