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| **Date:** | | | | | | | | | | | | | | | | | | | | | | |
| **Check All That Apply:** | **ADOPTION** | | | | FAMILY FOSTER HOME | | | | | **LEGAL RISK** | | | | **FAMILY FOSTER HOME/RECEIVING HOME** | | | **CERTIFICATION AS RESPITE HOME** | | | | **KINSHIP** | |
| **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:** | | |  | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | **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** | | | | | | | | **For Foster Care** | | | | | | | **Legal Risk** | | | | |
| **Have you ever been licensed or certified for childcare or foster care? If “yes” where:** | | | | | | | | | | | | | **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 relationship:** | | | | | | | | | | | |
| **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 placed in your home:** | | | | | | | | | | | | | | | | | | | | | | |
| **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….**

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| **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** |
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| **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** | **No** |
|  |  | |  | | **Yes** | **No** |
|  |  | |  | | **Yes** | **No** |
| **Other children of Applicant 1 and Applicant 2 not in the household:** | | | | | | |
| Name | | **Date of Birth** | | **Whereabouts** | | |
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| **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.** | | | | | | |
| **Felony** | **Child Abuse** | | | **Crime of Violence** | | **Domestic Violence** |
| **Sexual Offense** | | | | **Drug Offense** | | |
| **Conviction** | | | **Deferred Prosecution** | | **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** | | | **Townhouse or Condominium** | | | | | | **Apartment** | | | |
| **Do you:** | **Rent:** | **Yes** | | | No | | **Own:** | | **Yes** | | | | No |
| **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** |
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|  | | | |
| **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** |  |  | | |  | |
| **Life** |  |  | | |  | |
| **Home/Rental** |  |  | | |  | |
| **Automobile** |  |  | | |  | |
| **Disability** |  |  | |  | | |
|  | | | | | | |
| **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.

1. 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.
2. 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.
3. 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**:

1. 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.
2. I (we) understand that more than one CPA or county department cannot 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.

**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 State**s

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

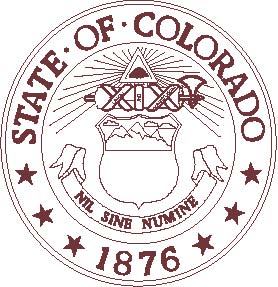
      I am a legal Permanent Resident of the United States, or

      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           



**AFFIDAVIT**

DECLARACION / JURAMENTO

Departamento de Servicios Sociales del Estado de Colorado y el Departamento de Politica 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 faudulenta 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:** |