

Foster Care or Kinship Caseworker: _____

LARIMER COUNTY DEPARTMENT OF HUMAN SERVICES

BACKGROUND CHECKS

I hereby authorize the staff of Larimer County Department of Human Services to conduct a background check in order to determine my suitability to care for foster/adoptive/kinship children. I understand that checks include assessing data from the Colorado Bureau of Investigation, the FBI, the Department of Motor Vehicles, TRAILS and LexisNexis databases, ADP, personal references, references from adult children, employment records, law enforcement checks, and physician contacts.

Name: _____
Last First Middle

Maiden Name: _____

Previous married name(s), or other names used: _____

Date of birth: _____ Social Security Number: _____

Current address _____ City/State _____ Zip _____

Phone: _____

If at this address less than one-year list previous address including county lived in previously: _____

The federal Adam Walsh Child Protection and Safety Act of 2006 requires child abuse central registry searches for all applicants for foster/adoptive/kinship certification in the states where families have resided for the past five years.

Please list all counties and states lived in for the past 5 years: _____

To the best of my knowledge, I _____ have not had my name on the State Trails System as a confirmed perpetrator of child abuse. I have not withheld information concerning any criminal offense that would make me ineligible to be approved as a foster/adoptive/kinship family by this agency. I understand that a record of any previous criminal offenses will be forwarded to this agency following the submittal of my fingerprints to the Colorado Bureau of Investigation.

Signature of Applicant

Date

Law Enforcement Personnel Responses Below This Line:

- _____ Clear No Record
- _____ See Attached Report (s)
- _____ Please Contact For Further Information

Name: _____

Date: _____

Agency: _____



DEPARTMENT OF HUMAN SERVICES
Children, Youth & Family Division
2555 Midpoint Drive, Suite E
Fort Collins, CO 80525
(970) 498-6900 Fax (970) 498-6988

Foster Care or Kinship Caseworker: _____

LARIMER COUNTY DEPARTMENT OF HUMAN SERVICES

BACKGROUND CHECKS

I hereby authorize the staff of Larimer County Department of Human Services to conduct a background check in order to determine my suitability to care for foster/adoptive/kinship children. I understand that checks include assessing data from the Colorado Bureau of Investigation, the FBI, the Department of Motor Vehicles, TRAILS and LexisNexis databases, ADP, personal references, references from adult children, employment records, law enforcement checks, and physician contacts.

Name: _____
Last First Middle

Maiden Name: _____

Previous married name(s), or other names used: _____

Date of birth: _____ Social Security Number: _____

Current address _____ City/State _____ Zip _____

Phone: _____

If at this address less than one-year list previous address including county lived in previously: _____

The federal Adam Walsh Child Protection and Safety Act of 2006 requires child abuse central registry searches for all applicants for foster/adoptive/kinship certification in the states where families have resided for the past five years.

Please list all counties and states lived in for the past 5 years: _____

To the best of my knowledge, I _____ have not had my name on the State Trails System as a confirmed perpetrator of child abuse. I have not withheld information concerning any criminal offense that would make me ineligible to be approved as a foster/adoptive/kinship family by this agency. I understand that a record of any previous criminal offenses will be forwarded to this agency following the submittal of my fingerprints to the Colorado Bureau of Investigation.

Signature of Applicant

Date

Law Enforcement Personnel Responses Below This Line:

_____ Clear No Record
_____ See Attached Report (s)
_____ Please Contact For Further Information

Name: _____

Date: _____

Agency: _____



DEPARTMENT OF HUMAN SERVICES
Children, Youth & Family Division
2555 Midpoint Drive, Suite E
Fort Collins, CO 80525
(970) 498-6900 Fax (970) 498-6988

Please list your birth, step, and adopted children including those over 18:

Full Name	Gender M/F	Date of Birth	Address

Please fill out **completely**, listing non-family members who have known you for at least one year. Also, try to list those that have seen you interact with children. Please print clearly.

References:

Name (s)	Address	City	State	Zip	Phone Number
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Background Check Clear (for office use):

CBI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date
FBI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date
Central Registry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date
LexisNexis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date
Local Law Enforcement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date
ADP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date
DMV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleared: _____	_____	Date

Any concerns and/or further checks: _____



DEPARTMENT OF HUMAN SERVICES
Children, Youth & Family Division
 2555 Midpoint Drive, Suite E
 Fort Collins, CO 80525
 (970) 498-6900 Fax (970) 498-6988