

**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 Colorado Courts, ADP, personal references, references from adult children, employment records, law enforcement checks, and physician contacts.

☐ Applicant      ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Last                      First                      Middle

Maiden Name: \_\_\_\_\_

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

Spouses Name: \_\_\_\_\_

Last                      First                      Middle

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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 addresses lived in for the past 5 years:

<b>Address #1:</b>		<b>Address #2:</b>	
<b>Street:</b>		<b>Street:</b>	
<b>City:</b>	<b>State:</b>	<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Address #3:</b>		<b>Address #4:</b>	
<b>Street:</b>		<b>Street:</b>	
<b>City:</b>	<b>State:</b>	<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>	<b>Zip Code:</b>	<b>County:</b>

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 \_\_\_\_\_



2555 Midpoint Drive, Suite F  
Fort Collins, CO 80525  
(970) 498-6900  
Fax (970) 498-6966

Law Enforcement Personnel Responses Below This Line:

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

\*\*\*\*\*



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Last First Middle

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<b>Zip Code:</b>	<b>County:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Address #3:</b>		<b>Address #4:</b>	
<b>Street:</b>		<b>Street:</b>	
<b>City:</b>	<b>State:</b>	<b>City:</b>	<b>State:</b>
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Signature of Applicant

\_\_\_\_\_  
Date



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_____	_____	Please Contact For Further Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

\*\*\*\*\*



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

Full Name	Gender M/F	Date of Birth	Address	Social Security #

Please list any adults in the home, 18+:

Full Name	Gender M/F	Date of Birth	Social Security #

Please fill out **completely** at least 4 references per applicant (2 being non-family members) who have known you for at least one year. Please try to list those that have seen you interact with children. Please print clearly.

**Applicant 1 References:**

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

**Applicant 2 References:**

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





## DEPARTMENT OF HUMAN SERVICES

### CHILDREN, YOUTH & FAMILY DIVISION

2555 Midpoint Drive, Suite F  
Fort Collins, Colorado 80525  
(970) 498-6990  
Fax (970) 498-6966

ATTN: Foster, Kin and Adoptive families

This letter is to inform you that the fingerprints you are submitting to the Larimer County Department of Human Services will be used to check the criminal history records at both the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI).

Please be advised that you have the opportunity to complete or challenge the accuracy of the information contained in the FBI and CBI identification record.

The procedures for obtaining a change, correction or update of an FBI identification record are set forth in Title 28, C.F.R., Section 16.34:

#### **§16.34 Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

[Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999]

Please sign and date below to acknowledge you have received that you are aware of the above information. If you have questions or concerns, you may discuss with your foster or kinship caseworker.

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(Print Name)

(Print Name)

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Signature

Date

Signature

Date

