COLORADO
Office of Children, Youth & Families
Division of Child Welfare

COLORADO DEPARTMENT OF HUMAN SERVICES
Original Application to Care for Children and Youth

Application CWS 61 (original application to care for children and youth)
R-04/23

* Denotes sections required for non-certified kinship care applicants to complete

Date of Application*:

Area of Interest*: (mark all that apply)
☐ Foster Care Home ☐ Kinship Foster Care Home ☐ Treatment Foster Care Home

☐ Therapeutic Foster Care Home ☐ Respite

☐ Non-certified kinship care ☐ Adoption ☐ Relative Guardianship Assistance Program (RGAP)

Are you interested in a specific child or youth*? ☐ Yes ☐ No
If yes, what is the name of the child or youth and your relationship to the child or youth?

First Name Middle Name Last Name DOB
Relationship to child or youth

If you are not interested in a specific child or youth, do you have any preferences?
Age Range: Number of Children or Youth: Gender Identity:
☐ No Preference

Why do you want to foster, provide respite, provide non-certified kinship care, adopt, or become a relative guardian for a child or youth*?

Household Information

Type of Residence:	☐ House ☐ Townhouse/Condo ☐ Apartment ☐ Other Housing Unit Do you rent or own your residence? ☐ Rent ☐ Own Length of time in current residence*			
	County of Residence*	School District of Residence*		
Phone:	Home Phone	Cell Phone	Cell Phone	
Physical Address*:	Street Address	City	State	Zip Code
Mailing Address*: (if different)	Mailing Address	City	State	Zip Code
Other: Pets in the Home	Specify type and breed: Type	Breed		

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Applicant 1*			
First Name	Middle Name	Last Name	**Maiden/Alias/Other Names Known As**
Pronouns- ☐ she/her/hers ☐ he/him/his ☐ they/theirs ☐ something else			
DOB	Race	Ethnicity	Religion
SSN or ITIN	Education Level	Cell Phone	Email
Gender Identity	Place of Birth Town	State	

Applicant 2*			
First Name	Middle Name	Last Name	**Maiden/Alias/Other Names Known As**
Pronouns- please circle one: she/her/hers he/him/his they/theirs something else			
DOB	Race	Ethnicity	Religion
SSN or ITIN	Education Level	Cell Phone	Email
Gender Identity	Place of Birth Town	State	

Other Members of the Household*

First Name	Middle	Last Name	DOB	SSN or ITIN (optional)	Relationship to Applicant	**Maiden/Alias or Other Name**

Applicant 1*: _____

Prior Residences in the past 5 years (Including out-of-state and out-of-country):

Street Address*	City or Town*	State or Country*	Zip Code	Dates of Residence*

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Criminal History Applicant 1*	
Have you ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? Please check all that apply. *If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents.* ☐ Felony ☐ Child Abuse ☐ Crime of Violence ☐ Domestic Violence ☐ Drug Offense ☐ Sexual Offense ☐ Registered Sex Offender ☐ Alcohol Offense ☐ Misdemeanor ☐ No Criminal History Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred prosecution/deferred judgment, and your name at the time of conviction	
Medical and Mental Health Conditions*: Applicant 1	
Have you been diagnosed with or are you being treated for a medical condition?	☐ Yes ☐ No - If yes, please describe Immunizations current ☐ Yes ☐ No ☐ NA
Have you been diagnosed with or are you being treated for a mental health condition?	☐ Yes ☐ No - If yes, please describe
Employment: Applicant 1 (If you have been with current employer less than one year please also provide previous employment information, if self-employed please provide information about your business)	
Name of Employer: Address of Employer: Title of position: Gross monthly income:	Dates Employed:
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Applicant 2*: _____

Prior Residences in the past 5 years (Including out-of-state and out-of-country):

Street Address*	City or Town*	State or Country*	Zip Code*	Dates of Residence*

Criminal History: Applicant 2*

Have you ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? Please check all that apply. If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents."

☐ Felony ☐ Child Abuse ☐ Crime of Violence ☐ Domestic Violence
☐ Drug Offense ☐ Sexual Offense ☐ Registered Sex Offender ☐ Alcohol Offense
☐ Misdemeanor ☐ No criminal history

Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred prosecution/deferred judgment, and your name at the time of conviction

Medical and Mental Health Conditions*: Applicant 2

Have you been diagnosed with or are you being treated for a medical condition?	☐ Yes ☐ No – If yes, describe Immunizations current ☐ Yes ☐ No ☐ NA
Have you been diagnosed with or are you being treated for a mental health condition?	☐ Yes ☐ No – If yes, describe

Employment: Applicant 2

(If you have been with current employer less than one year please also provide previous employment information, if self-employed please provide information about your business)

Name of Employer:
Address of Employer:
Title of position:
Gross monthly income: Dates Employed:

Name of Employer:
Address of Employer:
Title of position:
Gross monthly income: Dates Employed:

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Name of Employer:
Address of Employer:vvv
Title of position:
Gross monthly income: Dates Employed:

Name of Employer:
Address of Employer:
Title of position:
Gross monthly income: Dates Employed:

History of Placement of Children and Youth: Applicant 1 and Applicant 2

	Yes	No	If yes, list name of household member and agency or county department
Have you ever been licensed for childcare?			
Have you ever been certified for foster care?			
Have you ever been denied a license for childcare?			
Have you ever been denied a certificate for foster care?	__	__	
Have you ever had a home study that was not approved?			
Have you applied to another agency to foster or adopt a child or youth?			
Have you previously adopted a child or youth?	__	__	
Have you ever cared for a child or youth placed in your home other than your own?			☐ Court ☐ Agency Name: Agency Address: ☐ Other: Explain who placed the child or youth in your home and the circumstances:

Other Members of the Household*

Criminal History*

Have other members of the household ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? If yes, please check all that apply. If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents."

☐ Felony ☐ Child Abuse ☐ Crime of Violence ☐ Domestic Violence
☐ Drug Offense ☐ Sexual Offense ☐ Registered Sex Offender ☐ Alcohol Offense
☐ Misdemeanor ☐ No Criminal History

Please note all crimes, date of the sentencing, town/city/state where sentencing occurred, whether the person received a conviction/deferred prosecution/deferred judgment, and his/her name at the time of conviction

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Prior Residences in the past 5 years (Including out-of-state and out-of-country)*:
Attach additional information as needed

Name*	Street Address*	City or Town*	State or Country*	Zip Code*	Dates of Residence*

Name of Employer:
Address of Employer:
Title of position:
Gross monthly income: Dates Employed:

Name of Employer:
Address of Employer:
Title of position:
Gross monthly income: Dates Employed:

Medical and Mental Health Conditions*

Have other members of the household been diagnosed with or been treated for a medical condition?	☐ Yes ☐ No -- If yes, describe Name Describe condition Name Describe condition Immunizations current for each ☐ Yes ☐ No ☐ NA
Have other members of the household been diagnosed with or been treated for a mental health condition?	☐ Yes ☐ No -- If yes, describe Name Describe condition Name Describe condition

History of Placement of Children and Youth: Other Members of the Household

	Yes	No	If yes, list name of household member and agency or county department
Have you ever been licensed for childcare?	☐	☐	
Have you ever been certified for foster care?	☐	☐	
Have you ever been denied a license for childcare?	☐	☐	

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	Yes	No	If yes, list name of household member and agency or county department
Have you ever been denied a certificate for foster care?	☐	☐	
Have you ever had a home study that was not approved?	☐	☐	
Have you applied to another agency to foster or adopt a child or youth?	☐	☐	
Have you previously adopted a child or youth?	☐	☐	
Have you ever cared for a child or youth placed in your home other than your own?	☐	☐	☐ Court ☐ Agency Name: Agency Address: ☐ Other: Explain who placed the child or youth in your home and the circumstances:
Have any of your children been placed in out-of-home care due to abuse or neglect? If yes, please describe the circumstances.	☐	☐	

Other Children of Applicant 1 and Applicant 2: Not Living in the Household

Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email
Name	Date of Birth	Phone	Address/Email

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Applicant 1				
Marital/Partnership/Common Law/Civil Union History				
Date of Marriage/ Common Law/Civil Union/or Length of Partnership	State or Country Where Marriage/ Common Law/or Civil Union Occurred	Reason for Ending (if applicable)	Verification of Marriage, Civil Union, or Divorce	Name of current/former spouse/partner (if applicable)
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
Applicant 2				
Marital/Partnership/Common Law/Civil Union History				
Date of Marriage/ Common Law/Civil Union/or Length of Partnership	State or Country Where Marriage/ Common Law/or Civil Union Occurred	Reason for Ending (if applicable)	Verification of Marriage, Civil Union, or Divorce	Name of current/former spouse/partner (if applicable)
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Finances To Meet Monthly Needs			
Assets: Regular income & available savings & investments, personal property, equipment, real estate, etc.			
Item	Amount	Item	Amount
Monthly Liabilities and credit card debt, mortgage/rent: Real estate, auto, loans, and credit cards			
Item	Amount	Item	Amount

Contacts in Case of Emergency for Applicant 1*			
Name	Phone Number	Relationship to Applicant(s)	Email

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References (Each applicant MUST provide 3 personal references, including at least 2 individuals who are not related to the applicant and who have known the applicant for a year or more)				
References: Applicant 1				
Name	Mailing Address	Relationship	Phone	Email Address
References: Applicant 2				
Name	Mailing Address	Relationship	Phone	Email Address

The Colorado Department of Human Services and its agents do not discriminate against any persons on the basis of sex, race, color, national origin, disability, or participation in its programs, services and activities, or in employment.

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 7.500.312 (12 CCR 2509-6), and upon conviction thereof, shall be punished accordingly.

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) or youth in the custody of a county department of human or social services child placement agencies (CPAs) and certifies to the following facts:

Foster Care, Kinship 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 or social services in the investigation in order for the county department or CPA) to determine conformity with the regulations.
3. I (we) understand that signature of this application constitutes permission for county departments of human or social services or CPA 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 or youth 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.
5. I (we) hereby give authorization to the county department of human or social services or CPA 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.
6. Members of the household who are not applicants shall be asked to sign an authorization for the county department of human or social services or CPA to obtain reports of child abuse or neglect and review records and reports maintained on the statewide automated information system

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7. **I (we) understand that the applicant or any adult 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. Your fingerprints will be on file with the CBI and FBI and may be used to compare with other fingerprints. Discrepancies on your Colorado record may be challenged and corrected through the CBI at www.colorado.gov/cbi. Discrepancies on your records from the FBI or related to another state, may be challenged through the FBI at www.fbi.gov.**
8. I (we) are not staff members or members of the governing board (CPA) or relatives of staff members or relatives of any officer, executive or member of the governing board of a CPA home.
9. I (we) are not a relative of any staff member of the Child Welfare Division or unit in the certifying county department of human or social services.

Foster Care or Kinship 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 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 only one CPA or county department of human or social service can 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 of Human Services.

1. Sign this section if applying for Non-certified Kinship Care*:

Date: Signature of Applicant 1: Signature of applicant 2:

_____ _____ _____

2. Sign this section if applying for Foster Care (includes respite) or Kinship Foster Care certification:

Date: Signature of applicant 1: Signature of applicant 2:

_____ _____ _____

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3. Sign this section if applying for approval for Adoption:
   The undersigned hereby applies to adopt a child(ren) or youth in the custody of a county department of human or 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 or youth in the custody of the county department of human or social services.

Date:	Signature of applicant 1:	Signature of applicant 2:
_____	_____	_____

4. Sign this section if applying for consideration of the Relative Guardianship Assistance Program:

Date:	Signature of applicant 1:	Signature of applicant 2:
_____	_____	_____

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