

Application CWS 61 (original application to care for children and youth)

Date of Application*:   Area of Interest*: (mark all that apply)	* Denotes sections red	juired for non-certified kins	ship care applicants to co	omplete	
Foster Care Home	Date of Application	*:			
Non-certified kinship care	,	,	re Home 🔲 Treatm	ent Foster Care Hor	me
Are you interested in a specific child or youth*?	☐ Therapeutic Fost	er Care Home 🔲 Respi	te		
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*: Mailing Address City State Zip Code  Mailing Address*: Specify type and breed:	☐ Non-certified kin	ship care 🔲 Adoption	☐ Relative Guardia	anship Assistance Pr	ogram (RGAP)
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*: Mailing Address City State Zip Code  Mailing Address*: Specify type and breed:		•			
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*: Mailing Address City State Zip Code  Mailing Address*: Specify type and breed:	If yes, what is the n	ame of the child or yout	h and your relationshi	p to the child or you	uth?
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*: Mailing Address City State Zip Code  Mailing Address*: Specify type and breed:	   First Name   Middle	Name Last Name D	ЮВ		
Age Range: Number of Children or Youth: Gender Identity:    No Preference			Relationship t	o child or youth	
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*: Mailing Address City State Zip Code  Other: Specify type and breed:	If you are not inter	ested in a specific child	d or youth, do you ha	ve any preferences	?
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*: Mailing Address City State Zip Code  Other: Specify type and breed:	J 3	umber of Children or You	uth: Gender Ider	ntity:	
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*:  Mailing Address  City  State  Zip Code  (if different)  Other:  Specify type and breed:					
Household Information  Type of Residence:			e, provide non-certifi	ied kinship care, ac	lopt, or become
Type of Residence:	a relative guardian	ioi a cilità di youtii :			
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  Physical Address*: Street Address City State Zip Code  Mailing Address*: Mailing Address City State Zip Code  (if different)  Other: Specify type and breed:		H	lousehold Informati	on	
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)  Other:  Specify type and breed:	Type of Residence:	☐ House ☐ Townho	ouse/Condo 🔲 Apar	tment 🔲 Other H	Housing Unit
County of Residence*  School District of Residence*  Phone: Home Phone Cell Phone  Physical Address*: Street Address City State Zip Code  Mailing Address*: Mailing Address City State Zip Code  (if different)  Other: Specify type and breed:				Own	
Phone: Home Phone Cell Phone Cell Phone  Physical Address*: Street Address City State Zip Code  Mailing Address*: Mailing Address City State Zip Code  (if different)  Other: Specify type and breed:		_			
Physical Address*: Street Address City State Zip Code  Mailing Address*: Mailing Address City State Zip Code  (if different) Specify type and breed:		County of Residence*	School District of	f Residence*	
Mailing Address*: Mailing Address City State Zip Code (if different)  Other: Specify type and breed:	Phone:	Home Phone	Cell Phone	Cell Phone	
(if different) Other: Specify type and breed:	Physical Address*:	Street Address	City	State	Zip Code
	_	Mailing Address	City	State	Zip Code
Pets in the Home Type Breed		Specify type and breed	:		
	Pets in the Home	Type Br	eed		



			Applicant	: 1*			
First Name	Middle Na	ıme	Last Name		Maiden/Alias/Other Names Known As		Names Known As
Pronouns- she/he	r/hers [	he/him/h	he/him/his  they/theirs s		some	thing else	
DOB	Race		Ethnicity		Relig		
SSN or ITIN	Education	ı Level	Cell Phone		Emai	l	
Gender Identity		Place of Town	Birth	State			
Applicant 2*							
First Name	Middle Na	ıme	Last Name		Maide	en/Alias/Other	Names Known As
Pronouns- please cir	cle one: sh	e/her/hers	he/him/hi	s they/th	eirs s	something else	e
DOB	Race		Ethnicity		Religion		
SSN or ITIN	Education	ı Level	Cell Phone		Email		
Gender Identity Place of Birth Town State							
		Other Mer	nbers of th	ne Housel	hold*		
First Name Midd	le La	ast Name	DOB	SSN or IT (optional		elationship Applicant	Maiden/Alias or Other Name
		Applicant 1	   <b>*•</b>				
Prior Residences in				f-state and	d out-	of-country):	
Street Address*	•	City or To		State of Countr	or	Zip Code	Dates of Residence*
					+		



Criminal History Applicant 1*				
	ly. If you checked any of the boxes below, please sition, police report, and any court documents. Domestic Violence stered Sex Offender Alcohol Offense			
whether you received a conviction/deferred prosectime of conviction	, ,			
Medical and Mental Healtl	n 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 a see the see dispersed with an area of the				
Have you been diagnosed with or are you being treated for a mental health condition?	Yes No - If yes, please describe			
Employment	: Applicant 1			
	one year please also provide previous employment			
Name of Employer:				
Address of Employer:				
Title of position:				
Gross monthly income: Dates I	Employed:			
Name of Employer:				
Address of Employer:				
Title of position:				
Gross monthly income: Dates I	Employed:			
Name of Employer:				
Address of Employer:				
Title of position:				
	Employed:			
Name of Employer:				
Address of Employer:				
Title of position:				
Gross monthly income: Dates I	Employed:			



	Applicant 2*:		_	
Prior Residences in the past !	years (Including or	ıt-of-state and out	-of-country):	
Street Address*	City or Town*	State or Country*	Zip Code*	Dates of Residence*
		y: Applicant 2*		
	se check all that apportation of the dispose Crim  I Offense Regiminal history  the sentencing, tow	ly. If you checked ition, police report ne of Violence istered Sex Offendern/city/county/stat	any of the boxe , and any court Dome r Alcol	es below, please documents." estic Violence hol Offense ncing occurred,
Medical	and Mental Healtl	n Conditions*: Ap	plicant 2	
Have you been diagnosed with treated for a medical conditio	or are you being		f yes, describe	
		Immunizations cu	urrent 🗌 Yes	☐ No ☐ NA
Have you been diagnosed with treated for a mental health co	, .	Yes No - I	f yes, describe	
	Employment	: Applicant 2		
(If you have been with current information, if self	• •	one year please als		. ,
Name of Employer:				
Address of Employer:				
Title of position:				
Gross monthly income:	Dates I	Employed:		
Name of Employer:				
Address of Employer:				
Title of position:				
Gross monthly income:	Dates I	Employed:		



Name of Employer:			
Address of Employer:			
Title of position:			
Gross monthly income: Dates Employe	ed:		
Name of Employer:			
Address of Employer:			
Title of position:			
Gross monthly income: Dates Employe	ed:		
History of Placement of Children and Yout	h: Ap	plicar	nt 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			☐ Court
home other than your own?			☐ Agency Name:
			Agency Address:
			Other: Explain who placed
			the child or youth in your
			home and the
			circumstances:
Other Members of the I		ehold'	<u> </u>
Criminal Histor			
Have other members of the household ever been convicted deferred judgment for any of the following categories? If yochecked any of the boxes below, please provide supplements police report, and any court documents."	yes, p	lease (	check all that apply. If you
☐ Felony       ☐ Child Abuse       ☐ Crime of Vi         ☐ Drug Offense       ☐ Sexual Offense       ☐ Registered         ☐ Misdemeanor       ☐ No Criminal History			☐ Domestic Violence er ☐ Alcohol Offense
Please note all crimes, date of the sentencing, town/city/ the person received a conviction/deferred prosecution/de time of conviction			



Prior Residences in the Attach additional inform	•	,	-state a	and ou	ıt-of-country)*:	
Name*	Street Address*	City or Town*		te or intry*	Zip Code*	Dates of Residence*
Name of Employer:						
Address of Employer:						
Title of position:						
Gross monthly income:		Dates E	mploye	ed:		
Name of Employer:						
Address of Employer:						
Title of position:						
Gross monthly incom	ne:	Dates I	Employe	ed:		
	Medica	ıl and Mental Hea	lth Cor	nditio	ns*	
Have other members of	☐ Yes	☐ No If yes, des	cribe			
the household been						
diagnosed with or been	Name	Describe (	conditio	n		
treated for a medical						
condition?	Name	Describe (	conditio	n		
	Immuni	zations current for	oach [	□Yes	s □ No NA	
Have other members of	Yes	No If yes, des			5   110   11A	
the household been			oci ibc			
diagnosed with or been	Name	Describe (	conditio	n		
treated for a mental	rane	Describe	condicio	,,,		
health condition?						
	Name	Describe (	conditio	n		
	ranic	Describe (	condicio	,,,		
History of Placer	ment of Ch	ildren and Youth	: Other	Men	nbers of the H	ousehold
					If yes, list nam	e of household
			Yes	No	member and a department	gency or county
Have you ever been licen	sed for child	dcare?				
Have you ever been certi	fied for fost	er care?				
Have you ever been denie						



				Yes	No	If yes, list name of household member and agency or county department
Have you ever been deni	ed a certificat	e for foster	care?			·
Have you ever had a home study that was not approved?						
Have you applied to anot child or youth?	ther agency to	foster or ad	lopt a			
Have you previously ado	pted a child or	youth?				
Have you ever cared for home other than your ov		h placed in	your			☐ Court ☐ Agency Name: Agency Address: ☐ Other: Explain who placed
Have any of your children been placed in out-of-home care due to abuse or neglect? If yes, please describe the circumstances.						the child or youth in your home and the circumstances:
Other Children of Applicant 1 and Applicant						ring in the Household
Name	Date of Birth	Phone	Addre	ss/Em	ail	
Name	Date of Birth	Phone	Addre	ss/Em	ail	
Name	Date of Birth	Phone	Addre	ss/Em	ail	
Name	Date of Birth	Phone	Addre	ss/Em	ail	
Name	Date of Birth	Phone	Addre	ss/Em	ail	
Name	Date of Birth	Phone	Addre	ss/Em	ail	



			Appl	icant 1				
	Marit	al/Partnership	/Comr	non Law/Ci	vil	Union His	story	1
Date of Marriage/ Common Law/Civil Union/or Length of Partnership	Wher Comn	or Country e Marriage/ non Law/or Union Occurred	Endir	on for ig (if cable)	Ma	rification arriage, Ci aion, or Di	vil	Name of current/former spouse/partner (if applicable)
						Yes 🗌	No	
						Yes 🗌	No	
						Yes 🗌	No	
						Yes 🗌	No	
			Appl	icant 2	•			•
	Marit	al/Partnership	/Comr	non Law/Ci	vil	Union His	story	1
Date of Marriage/ Common Law/Civil Union/or Length of Partnership	Wher Comn	or Country e Marriage/ non Law/or Union Occurred	Endir	on for ng (if cable)	Ma	rification arriage, Ci aion, or Di	vil	Name of current/former spouse/partner (if applicable)
						Yes 🗌	No	
						Yes 🗌	No	
						Yes 🗌	No	
						Yes 🗌	No	
	•	Finances	To Me	et Monthly	Ne	eds		•
Assets: Regular incom	e & ava	ilable savings &	invest	ments, perso	nal	property,	equi	pment, real estate, etc
Item		Amount		lt	em			Amount
Monthly Liabilities an	d credi	t card debt, mor	tgage	rent: Real e	stat	e, auto, lo	oans,	and credit cards
ltem		Amount		lt	em			Amount
	Co	ntacts in Case	of Em	ergency fo	r Ap	plicant '	1*	
Name		Phone Number		Relationshi	p to	Applicant	:(s)	Email



#### 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		
	Refe	erences: Applican	t 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



- 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 <a href="www.colorado.gov/cbi">www.colorado.gov/cbi</a>. Discrepancies on your records from the FBI or related to another state, may be challenged through the FBI at <a href="www.fbi.gov">www.fbi.gov</a>.
- 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.

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

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.

Date:	Signature of Applicant 1:	Signature of applicant 2:
2. Sign this se	ection if applying for Foster Care (includes re	espite) or Kinship Foster Care certification
Date:	Signature of applicant 1:	Signature of applicant 2:



		o the following facts:
doption ta	ax credit, if I (we) finalize an adoption of a	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
:	Signature of applicant 1:	Signature of applicant 2:
ign this se	ection if applying for consideration of the Re	elative Guardianship Assistance Program:
:	Signature of applicant 1:	Signature of applicant 2:
	doption to epartmen	gn this section if applying for consideration of the Re

