

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO
Department of Early Childhood

Section A: Agency/Facility/Requestor Information (REQUIRED)

Select the reason for your request (*only select one*):

- | | | | | | |
|--|---|---|--|--|--|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Preschool Program | <input type="checkbox"/> School Age Program | <input type="checkbox"/> Camp (Residential or Day) | <input type="checkbox"/> Family Child Care Home (Not for home residents) | <input type="checkbox"/> Adoption/Foster Care |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Residential Child Care Facility (RCCF) | <input type="checkbox"/> Day Treatment Center | <input type="checkbox"/> Neighborhood Youth Organization | <input type="checkbox"/> Guest Child Care | <input type="checkbox"/> Substitute Placement Agency |

Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the person being checked. Only one copy of the Results Letter is sent to the person listed below. **Results are not released to the person being checked. They are released to the agency/facility requesting the background check.**

Agency/Facility Name (requesting the check) Camp Timberline		CDEC or CDHS License Number (REQUIRED) 1611516	
Street Address or P.O. Box 430 Canyon Avenue		City Fort Collins	State CO
		Zip Code 80521	
First Name (Requestor) Elizabeth	Last Name Peddle	Phone # 970-484-8462	
Email Address (REQUIRED) work@camptimberline.com			

Section B: Person to be Checked (BIU Applicant) (SECTION REQUIRED)

This is the person being checked - NOT the person/facility/agency requesting the background check. *If any boxes do not apply or are unknown, please leave those boxes blank.

First Name	Middle Name (FULL NAME)	Last Name	Social Security #
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - List ALL.			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #
Current Address			
Street Address		City	State
			Zip Code
Have you lived at your current address for 10 years or longer? TEN years of residence history (including temporary residence) is required.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Address			
If you've lived in more places in the past 10 years than the space on this form allows, please provide additional residence history on a <u>separate piece of paper</u> and submit with your request form. Include your move-in and move-out dates.			
Street Address		City	State
			Zip Code
Move-In Date (Month, Year)		Move-Out Date (Month, Year)	



Section C: Spouse/Partner/Former Spouse (SECTION REQUIRED)

*If any boxes do not apply or are unknown, please leave those boxes blank.
Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for ANY parent of your children is also required and must be entered in the next section.

Are you currently married?

 Yes

 No

Have you ever been married?

 Yes

 No

If you answered YES to ANY of the questions above, you must provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Former Spouse First Name	Spouse/Partner/Former Spouse Middle Name (FULL NAME)	Spouse/Partner/Former Spouse Last Name
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - LIST ALL		
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)

Section D: Child Information (Includes Adult Children) (SECTION REQUIRED)

*If any boxes do not apply or are unknown, please leave those boxes blank.
Information for ALL children must be provided below. This includes all living and deceased children, adopted children, and step children. Information for the other parent of your children is required and must also be entered below.

Do you have any children (including adult children, step children, etc.)?

 Yes

 No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?

 Yes

 No

Have you ever lived in a home with any other children not referenced above?

 Yes

 No

If you answered YES to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable).
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

D.1. Enter each child's information below. This includes adult children.

#	Child's First Name	Child's Middle Name (Full Name)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

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D.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you. If any boxes do not apply or are unknown, please leave those boxes blank.

#	Parent's First Name	Parent's Middle <u>Name</u> (Full Name)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Early Childhood (CDEC) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Early Childhood could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility.

Signature (Parent/Guardian signature required if under 18 years of age) (Do not type)

Date

Print Name (Parent/Guardian if under 18 years of age)