

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



Section A: Agency/Facility Information (REQUIRED)

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

Child Care Center	Preschool Program	School Age Program	Camp (Residential or Day)	Family Child Care Home	Adoption/ Foster Care <i>(only one form per couple required)</i>
Group Home	Residential Child Care Facility (RCCF)	Day Treatment Center	Neighborhood Youth Organization	Guest Child Care	Substitute Placement Agency

Agency/Facility Name (<i>requesting the check</i>)	CDHS License Number (REQUIRED)
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Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the 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.*

Street Address or P.O. Box	City	State	Zip Code
First Name	Last Name	Phone #	
Email Address			

Section B: Person to be Checked (REQUIRED)

This is the person being checked - NOT the person/facility/agency requesting the background check. For adoption/foster care requests, enter information for one person here and information for the person's spouse in the next section.

First Name	Middle Name (<i>not initials</i>)	Last Name	Social Security #
Previous Names <u>Ever</u> Used (including maiden, middle, etc.) - List ALL. <i>If none, please type "none."</i>			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #

Current Address

Street Address	City	State	Zip Code
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Have you lived at your current address for 10 years or longer? Yes No

TEN years of residence history (including temporary residence) is required.

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 separate piece of paper and submit with your request form. Include your move-in and move-out dates.

Street Address	City	State	Zip Code
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Move-In Date (Month, Year)	Move-Out Date (Month, Year)
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Section C: Spouse/Partner/Formal Spouse (REQUIRED)

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/Formal Spouse First Name	Spouse/Partner/Formal Spouse Middle Name	Spouse/Partner/Formal Spouse Last Name	
Previous Names <u>Ever</u> Used (including maiden, middle, etc.) - LIST ALL. If none, please type "none."			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	*Social Security #

*A social security number is **ONLY** required for **current** adoption/foster care spouses. Leave blank for all other request types.

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

Information for ALL children must be provided below. This includes adult 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 children that were not biologically yours (e.g., stepchildren, etc.)? 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 a child and/or other parent does not have a middle name, enter "NMN" (as in "no middle name") in the middle name column.
- 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 <small>(not initials)</small>	Child's Last Name	Date of Birth <small>(MM/DD/YYYY)</small>	Sex <small>(M, F, X)</small>
1					
2					

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3					
4					
<p>D.2. Enter information for the <u>other parent</u> of the children listed above. This is the parent that is NOT you.</p>					
#	Parent's First Name	Parent's Middle <u>Name</u> <i>(not initials)</i>	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 Human Services (CDHS) 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 Human Services 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 and that I will not receive a copy of the results myself.

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

Date

Current Spouse Signature **(Required ONLY for Adoption or Foster Care)**

By signing below, I authorize the Colorado Department of Human Services (CDHS) 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 Human Services 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 and that I will not receive a copy of the results myself.

Signature (Do not type)

Date

The form MUST be typed. Handwritten forms will be returned.