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

ARIEL Clinical Services
Children • Families • Adults

| **Applicant 1:** | | **Applicant 2:** | |
|---|---|---|---|
| Cell number text yes / no | | Cell number text yes / no | |
| Work number | | Work number | |
| Home number | | Home number | |
| Email address | | Email address | |

This is the State of Colorado Foster Parent Application—please fill it out to the best of your ability. Make sure to complete the final page as well—Ariel has added supplemental questions to obtain more detailed information about our potential families.

Please contact the Licensing Specialist if you have questions.

See the last page of this packet for next steps.

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

| | | | | | |
|---|---|---|---|---|---|
| **Date of Application*:** | | | | | |
| **Area of Interest*:** (mark all that apply) | ☐ Foster Care Home | ☐ Respite | ☐ Kinship Foster Care Home | ☐ Adoption | Yes ☐ No ☐ Non-Certified Kinship Care |
| **Are you interested in a specific child or youth*?** ☐ Yes ☐ No<br>If yes, what is the name of the child or youth and your relationship to the child or youth?<br>Name Relationship | | | | | |
| **If you are not interested in a specific child or youth, do you have any preferences?**<br>Age Range: Number of Children or Youth: Gender: ☐ Boys ☐ Girls ☐ No Preference | | | | | |
| **Why do you want to foster, adopt, or provide non-certified kinship care for a child or youth*?** | | | | | |

| **Applicant 1*:** | | | |
|---|---|---|---|
| First Name | Middle Name | Last Name | **Maiden/Alias/Other Names Known As** |
| DOB | SSN | Cell Phone | Email |
| **Applicant 2*:** | | | |
| First Name | Middle Name | Last Name | **Maiden/Alias/Other Names Known As** |
| DOB | SSN | Cell Phone | Email |

| **Other Members of the Household*:** | | | | | | |
|---|---|---|---|---|---|---|
| First Name | Middle | Last Name | DOB | SSN | Relationship to Applicant | **Maiden/Alias or Other Name** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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| **Household Information** | | | | |
|---|---|---|---|---|
| Type of Residence: ☐ House ☐ Townhouse/Condominium ☐ Apartment<br>Do you rent or own your residence? ☐ Rent ☐ Own<br>Length of time in current residence* | | | | |
| Physical Address*: | Street Address | City | State | Zip Code |
| Mailing Address*: (if different) | Mailing Address | City | State | Zip Code |
| Home Phone: | | School District of Residence: | | |
| Pets in the Home: | Specify type and breed:<br>Type Breed | | | |

**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* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

☐Male ☐Female Gender: Place of birth:

**Criminal History***

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 ☐ **N/A**

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



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| Medical and Mental Health Conditions* | |
|---|---|
| Have you been diagnosed with or are you being treated for a medical condition? | ☐ Yes ☐ No - If yes, please describe |
| Have you been diagnosed with or are you being treated for a mental health condition? | ☐ Yes ☐ No - If yes, please describe |

**Employment**

(If you have been with current employer less than one year please 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:

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

**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* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

☐ Male ☐ Female Gender: Place of birth:

**Criminal History***

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
☐ **N/A**



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| 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*** | |
| Have you been diagnosed with or are you being treated for a medical condition? | ☐ Yes ☐ No – If yes, describe |
| Have you been diagnosed with or are you being treated for a mental health condition? | ☐ Yes ☐ No – If yes, describe |
| **Employment**<br>(If you have been with current employer less than one year please provide previous employment information, if self-employed please provide information about your business) | |
| Name of Employer:<br>Address of Employer:<br>Title of position:<br>Gross monthly income: | Dates Employed: |
| Name of Employer:<br>Address of Employer:<br>Title of position:<br>Gross monthly income: | Dates Employed: |
| Name of Employer:<br>Address of Employer:<br>Title of position:<br>Gross monthly income: | Dates Employed: |



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## 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 ☐ **N/A**

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

**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* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

### 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<br><br>Name Describe condition<br><br>Name Describe condition |



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| | |
|---|---|
| Have other members of the household been diagnosed with or been treated for a mental health condition? | Yes No - If yes, describe<br><br>Name Describe condition<br><br>Name Describe condition |

| History of Placement of Children and Youth with 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? | ☐ | ☐ | |
| 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<br>☐ Agency Name:<br>Agency Address:<br>☐ Other: Explain who placed the child or youth in your home and the circumstances: |



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| 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 |

**Applicant 1**

**Marital/Partnership/Civil Union History**

| Date of Marriage or Civil Union or Length of Partnership | State Where Marriage/Civil Union Occurred | Reason for Ending | Verification of Marriage, Civil Union, or Divorce | Name of former spouse/partner |
|---|---|---|---|---|
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |

**Applicant 2**

**Marital/Partnership/Civil Union History**

| Date of Marriage or Civil Union or Length of Partnership | State Where Marriage/Civil Union Occurred | Reason for Ending | Verification of Marriage, Civil Union, or Divorce | Name of former spouse/partner |
|---|---|---|---|---|
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |



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| Finances To Meet Monthly Needs | | | |
|---|---|---|---|
| Assets: Regular income and available savings and investments, personal property, equipment, real estate other than home, etc. | | | |
| Item | Amount | Item | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| Monthly Liabilities and credit card balances (with exception of your primary home): Other real estate, auto, loans, and credit cards | | | |
| Item | Amount | Item | Amount |
| | | | |
| | | | |
| | | | |
| | | | |

| History of Placement of Children and Youth | | | |
|---|---|---|---|
| | Yes | No | If yes, list 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<br>☐ Agency Name:<br>Agency Address:<br>☐ Other: Explain who placed the child or youth in your home and the circumstances: |



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| Emergency Contacts* | | | |
|---|---|---|---|
| Name | Relationship | Telephone Number | Email |
| | | | |
| | | | |

| References<br>(Each applicant should include at least 2 non-relatives who have known you for a year or more) | | | | |
|---|---|---|---|---|
| **Applicant 1** | | | | |
| Name | Mailing Address | Relationship | Phone | Email Address |
| | | | | |
| | | | | |
| | | | | |
| **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.



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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 of 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.

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 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:

_____ _____ _____

**Upon receipt of this application, the county department of human or social services has received verification of citizenship (Birth Certificate) or proof of lawful residency for each applicant.**

Applicant 1

☐ I am a United States Citizen, or
☐ I am a legal Permanent Resident of the United States, or
☐ I am lawfully present in the United States pursuant to federal law

Applicant 2

☐ I am a United States Citizen, or
☐ I am a legal Permanent Resident of the United States, or
☐ I am lawfully present in the United States pursuant to federal law

DATE: SIGNATURE OF DEPARTMENT DESIGNEE:

_____ _____



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AFFIDAVIT

Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States Citizen, or

☐ I am a legal Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to federal law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____ Date _____



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AFFIDAVIT

Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States Citizen, or

☐ I am a legal Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to federal law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____ Date _____



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| Income | Applicant One | Applicant Two |
|---|---|---|
| Monthly Income (Net) | $ | $ |
| Source of Income | | |
| Other income: | $ | $ |
| Sources (SSI, Child Support, Retirement, etc.) | | |
| | Please list amounts in this column: | |
| Monthly Expenses | | |
| Mortgage/Rent (circle one) | $ | |
| Auto Payment(s) | $ | |
| Auto Insurance | $ | |
| Installment loan(s) | $ | |
| Credit card(s) | $ | |
| Medical Expenses/ Bills | $ | |
| Life Insurance | $ | |
| Health Insurance | $ | |
| Student Loans | $ | |
| Other (i.e-Child Support, etc) EXPLAIN | $ | |
| Total Monthly Expenses | $ | |
| | | |
| Assets | | |
| Value of home | | |
| Bank Accounts | Savings Balance: $ | |
| Other Assets (please list) | | |



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By signing below I attest that:

I am not an Ariel employee, a member of the governing board or relative of staff members or of a member of the governing board. 7.710.32C

None of my biological children have ever been place in foster care due to abuse or neglect. 7.708.21C

I (we) understand that our SAFE home study is legal document and will only be released to concurrent agency and/or county after the appropriate **fees have been paid.**

I (we) understand that I (we) will be required to review the SAFE home study to ensure its accuracy, however, I (we) **will not be given a copy**.

I (we) understand that the SAFE home study cannot be active with more than one placement agency or county department of Human Services and is the sole **property of Ariel** Clinical Services.

I (we) understand that I am required to obtain ongoing trainings as required to Rules Regulating Foster Family Care Homes

_____ _____

Applicant Date

_____ _____

Applicant Date



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