

Adams County Human Services Department
Kinship Application



Date of Application:
Name of child(ren) interested in for placement:
What is your relationship to this child(ren)?:
Why do you want to provide non-certified kinship care for a child or youth?

Applicant 1:				
First Name:	Middle:	Last:	Gender Identity:	Driver's License #:
DOB:	SSN:	Phone:	Email:	
Citizenship:	Ethnicity:	Marital Status:	Maiden name/alias:	

Applicant 2:				
First Name:	Middle:	Last:	Gender Identity:	Driver's License #:
DOB:	SSN:	Phone:	Email:	
Citizenship:	Ethnicity:	Marital Status:	Maiden name/alias:	

Current Household Information:				
Physical Address:	City:	State:	Zip Code:	Dates of residence:
Mailing Address: (If different)	City:	State:	Zip Code:	Dates of residence:

APPLICANT 1: _____

Birthplace of Applicant 1: _____

List prior residences within the last ten years, including out of state and out of country:

Street Address	City	State	Zip Code	Dates of Residence

Criminal History			
<p>Have you ever been convicted of, received a deferred sentence, 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.</p>			
<input type="checkbox"/> Felony	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Crime of Violence	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Drug Offense	<input type="checkbox"/> Sexual Offense	<input type="checkbox"/> Registered Sex Offender	<input type="checkbox"/> Alcohol Offense
<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> N/A		
<p>Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred sentence/deferred judgment, and your name at the time of conviction:</p>			

Medical or Mental Health Conditions	
<p>Have you been diagnosed with or are you being treated for a medical condition?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes – please describe.
<p>Have you been diagnosed with or are you being treated for a mental health condition?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes – please describe.

APPLICANT 2: _____

Birthplace of Applicant 2: _____

List prior residences within the last ten years, including out of state and out of country:

Street Address	City	State	Zip Code	Dates of Residence

Criminal History			
Have you ever been convicted of, received a deferred sentence, 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.			
<input type="checkbox"/> Felony	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Crime of Violence	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Drug Offense	<input type="checkbox"/> Sexual Offense	<input type="checkbox"/> Registered Sex Offender	<input type="checkbox"/> Alcohol Offense
<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> N/A		
Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred sentence/deferred judgment, and your name at the time of conviction:			

Medical or Mental Health Conditions	
Have you been diagnosed with or are you being treated for a medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please describe.
Have you been diagnosed with or are you being treated for a mental health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please describe.

Emergency Contacts for Applicants 1 & 2:

Name:	Relationship:	Phone Number:	Email:

The Colorado Department of Human Services and its agents do not discriminate against any person 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 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.

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.

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

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.

Sign this section if applying for non-certified kinship care:

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

OTHER MEMBERS OF HOUSEHOLD:

First Name:	Middle:	Last:	DOB:	SSN:	Relation:	Maiden/Alis/Other:

Criminal History of Other Members of Household			
Have you ever been convicted of, received a deferred sentence, 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.			
<input type="checkbox"/> Felony	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Crime of Violence	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Drug Offense	<input type="checkbox"/> Sexual Offense	<input type="checkbox"/> Registered Sex Offender	<input type="checkbox"/> Alcohol Offense
<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> N/A		
Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred sentence/deferred judgment, and your name at the time of conviction:			

List prior residences within the last ten years, including out of state and out of country:

Street Address	City	State	Zip Code	Dates of Residence

Medical or Mental Health Conditions	
Have other members of the house been diagnosed with or are you being treated for a medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please describe.
Have other members of the house been diagnosed with or are you being treated for a mental health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please describe.

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Signatures for Other Members in the Household:

Signature:	Date:
_____	_____
Signature:	Date:
_____	_____
Signature:	Date:
_____	_____
Signature:	Date:
_____	_____