**A close up of a sign

Description automatically generated**

**Adams County Human Services Department**

Kinship Application

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| 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? |

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| **Applicant 1:** | | | | |
| First Name: | Middle: | Last: | Gender Identity: | Driver’s License #: |
| DOB: | SSN: | Cell: | Email: | |
| Citizenship: | Ethnicity: | Marital Status: | Maiden name/alias: | |
|  | | | | |
| **Applicant 2:** | | | | |
| First Name: | Middle: | Last: | Gender Identity: | Driver’s License #: |
| DOB: | SSN: | Cell: | Email: | |
| Citizenship: | Ethnicity: | Marital Status: | Maiden name/alias: | |

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| **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 |
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| 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. | | | |
| 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 sentence/deferred judgment, and your name at the time of conviction: | | | |

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| Medical or Mental Health Conditions | |
| Have you been diagnosed with or are you being treated for a medical condition? | No  Yes – please describe. |
| Have you been diagnosed with or are you being treated for a mental health condition? | No  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:

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| --- | --- | --- | --- | --- |
| Street Address | City | State | Zip Code | Dates of Residence |
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| 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. | | | |
| 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 sentence/deferred judgment, and your name at the time of conviction: | | | |

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| Medical or Mental Health Conditions | |
| Have you been diagnosed with or are you being treated for a medical condition? | No  Yes – please describe. |
| Have you been diagnosed with or are you being treated for a mental health condition? | No  Yes – please describe. |

**Emergency Contacts for Applicants 1 & 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Relationship: | Phone Number: | Email: |
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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 face 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](http://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](http://www.fbi.gov/).

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| Sign this section if applying for non-certified kinship care: | | |
| Signature of Applicant 1:    Signature of Applicant 2: |  | Date:    Date: |

**OTHER MEMBERS OF HOUSEHOLD:**

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| First Name: | Middle: | Last: | DOB: | SSN: | Relation: | Maiden/Alias/Other: |
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| 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. | | | |
| 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 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 |
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| Medical or Mental Health Conditions | |
| Have other members of the house been diagnosed with or are you being treated for a medical condition? | No  Yes – please describe. |
| Have other members of the house been diagnosed with or are you being treated for a mental health condition? | No  Yes – please describe. |

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| Signatures for Other Members in the Household: | | |
| Signature:    Signature:    Signature:    Signature: |  | Date:    Date:    Date:    Date: |