

County Name: WELD Provider ID#: _____

State CCCAP
Processing Only

Colorado Department of Human Services: Division of Early Care and Learning
QUALIFIED FAMILY CHILD CARE HOME PROVIDER INFORMATION FORM

All sections of this form must be completed, signed, with fingerprints properly completed (see instructions) and proper fee* included. Any omissions or errors may result in the entire application packet being returned to the county. Please be sure to review your submission carefully. *****Please PRINT Clearly*****

1. Provider Name: _____
(Legal Last Name) (Legal First Name) (Middle Initial)

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different): _____ *City:* _____ *State:* _____ *Zip:* _____

Are you lawfully present in the United States? Yes ____ No ____

Date of Birth: month: ____ day: ____ year: ____ Soc. Sec. #: ____ - ____ - ____ Gender: ____

Alias, AKA or Previous Name(s): _____

Home phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____

I attest that no one in the home where the care is provided has been determined to be insane or mentally incompetent by a court of competent jurisdiction; or specifically that the mental incompetence or insanity is not of such a degree that I cannot safely operate as a qualified provider.

Signature: _____ **Date:** ____/____/____

OTHER PERSONS IN YOUR HOME: Include all relatives, non-relatives and temporary residents, **regardless of age.** Only persons 18 years of age and older must sign this form.

Are you adding individual(s) to a previously approved provider's household? Yes ____ No ____

2. _____
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA or Previous Name(s): _____

Date of Birth: ____/____/____ Age; ____ Soc. Sec. # ____ - ____ - ____ Gender: ____ Relationship to provider _____

Signature: _____ **Date:** ____/____/____

3. _____
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA or Previous Name(s): _____

Date of Birth: ____/____/____ Age; ____ Soc. Sec. # ____ - ____ - ____ Gender: ____ Relationship to provider _____

Signature: _____ **Date:** ____/____/____

4. _____
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA or Previous Name(s): _____

Date of Birth: ____/____/____ Age; ____ Soc. Sec. # ____ - ____ - ____ Gender: ____ Relationship to provider _____

Signature: _____ **Date:** ____/____/____

See other side **AUTHORIZATION TO SUPPLY INFORMATION**

I hereby authorize the person, agency, or institution entered below, to supply information requested by the **Colorado Department of Human Services** as a condition of contracting to provide "Qualified Child Care" with my local county department of social/human services, and to allow the inspection and reproduction of records pertaining to me or any other household member. I understand, based on the information received, my local county department of social/human services may be unable to enter into a fiscal agreement with me.

1. Colorado Department of Human Services Child Welfare Automated System
2. Colorado Bureau of Investigation
3. Federal Bureau of Investigation

This authorization is given only in connection with its use by designated Colorado Department of Human Services employees and/or designated employees of other agencies who will be accessing information to determine my eligibility to provide "Qualified Child Care". I understand this authorization shall be in effect unless rescinded by me in writing.

Provider's Signature

Provider ID Number

Date



STATEMENT OF CRIMINAL HISTORY— Please attach an additional sheet if necessary

(1) Has any member of your household been arrested (or convicted of a crime)? Yes No

(2) Has any member of your household been investigated, charged with or convicted of child abuse, neglect or child molestation? Yes No

If you answered yes to either or both questions above you must provide the household members name, copies of any pertinent court documents and a detailed explanation of the circumstances: _____

I certify that the information I provided is accurate and complete. I am aware that a fingerprint-based background check will be performed. Any arrests/convictions for any degree of crime, violent or non-violent, may result in the county not entering into, or ending a fiscal agreement for a qualified family child care home provider.

Provider's Signature

Date

Any applicant who knowingly or 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, upon conviction thereof, shall be punished accordingly.

Please complete this form and submit it with the CCCAP fingerprint card(s) supplied by the county and fees any time a new person moves into your home who is 18 years of age or older or if you have a child in your home who turns 18 during your contract period if care is ever provided in your home.

You and each adult, 18 years of age or older who resides in your home as described above, shall be subject to a fingerprint-based criminal history records check along with a review of the state administered database for child abuse and neglect. Counties may choose to also review this database for household members under the age of 18.

*FEES DUE WITH THIS APPLICATION			
CBI and FBI Fees	\$39.50 per person 18 years of age or older	X No. of persons _____	=Total \$
Application Fee	\$10.00 for entire application one time only; do not add for additions to the household		+ \$ 10.00
Submit one Certified Cashier's Check or Money Order for a total of: Make the funds payable to "CDHS"			Total of 2 boxes above * \$
*County: Please send a copy of this form (original is submitted to the County), fingerprint card(s), and fee to: CDHS, Division of Early Care and Learning 1575 Sherman St. 1st Floor, Attn: CCCAP, Denver, CO 80203			

**These fees will be paid on your behalf by Weld County*