

STATE OF COLORADO



Colorado Department of Human Services

people who help people

EMPLOYMENT AND REGULATORY AFFAIRS
Gayle Ziska-Stack, Acting Deputy Executive Director

BOARDS AND COMMISSIONS DIVISION

Mary V. McGhee, Director
1575 Sherman Street, 1st Floor
Denver, Colorado 80203-1714
Phone 303-866-5990
TDD 303-866-4065
FAX 303-866-5340
www.cdhs.state.co.us



John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

**BACKGROUND INVESTIGATION UNIT
FACILITY INQUIRY FORM**

One of the following must be marked in order for BIU to process your request: Day Care/Preschool _____
Day Treatment _____ RCCF _____ TRCCF/PRTF _____ Adoption _____ Foster Care Camp _____

Please note: This form must be accompanied by a check or money order for \$33.00 made payable to: CDHS, BIU, Records & Reports. Please return to CDHS, BIU, 1575 Sherman Street, Denver, CO 80203-1714

Name of Facility: Kids Crossing CDHS License Number: _____

Mailing Address: 1440 E. Fountain Blvd., Colorado Springs, CO 80910
City State Zip

Name of individual requesting information: _____ Phone: 719-632-4569

PLEASE PRINT LEGIBLY

Applicant Information

First Name _____ Middle Name _____ Last Name _____ Alias/Maiden Name _____

Date of Birth _____ Sex: M/F _____ Race _____ Social Security Number _____

Current Address _____ City/State/Zip _____ Timeframe at address _____

Previous Address _____ City/State/Zip _____ Timeframe at address _____

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on the back of this form)

First Name _____ Middle Name _____ Last Name _____ Alias/Maiden Name _____

Date of Birth _____ Sex: M/F _____ Race _____ Social Security Number _____

CHILDREN/STEPCHILDREN – Use full names. (Add additional children on the back of this form)

1) Complete Name _____ Date of Birth _____ Sex: M/F _____

2) Complete Name _____ Date of Birth _____ Sex: M/F _____

Any person who willfully permits or who encourages the release of data or information related to child abuse or neglect contained in TRAILS to persons not permitted access to search information commits a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.

Applicant Signature (if under the age of 18, parent signature required) _____ Date of Request _____