

# STATE OF COLORADO



Colorado Department of Human Services

people who help people

OFFICE OF EMPLOYMENT  
AND REGULATORY AFFAIRS  
Jenise May, Deputy Executive Director

STATEWIDE SERVICES  
Matthew Flora, Director  
3550 West Oxford Avenue, 3<sup>RD</sup> Floor  
Denver, Colorado 80236  
Phone 303-866-7100  
TDD 303-866-7105  
FAX 303-866-7177  
[www.cdhs.state.co.us](http://www.cdhs.state.co.us)



Bill Ritter Jr.  
Governor

Karen L. Beye  
Executive Director

## BACKGROUND INVESTIGATION UNIT FACILITY INQUIRY FORM

One of the following must be checked in order for BIU to process your request: DAY CARE/PRESCHOOL \_\_\_\_\_ CAMP \_\_\_\_\_  
DAY TREATMENT \_\_\_\_\_ RCCF \_\_\_\_\_ TRCCF/PRTF \_\_\_\_\_ ADOPTION \_\_\_\_\_ FOSTER CARE xx

This form must be accompanied by a check or money order for \$30.00 made payable to: CDHS, BIU, Records & Reports,  
3550 W. Oxford Ave., Denver, CO 80236.

Name of Facility: KIDS CROSSING CDHS License Number 79752  
Mailing Address: 1440 E. FOUNTAIN BLVD. City: COLO. SPGS State: CO Zip: 80910  
Name of individual requesting information: AMY HARDER Phone #: 719-632-4569

### NAME OF APPLICANT

PLEASE PRINT LEGIBLY

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Alias/Maiden Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: M/F \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Current Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Previous Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 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 – 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.

Signature of Applicant (If under the age of 18, parent signature required.)  
Rev. 8/12/08

Date of Request \_\_\_\_\_