

STATE OF COLORADO



Colorado Department of Human Services

people who help people



OFFICE OF PERFORMANCE IMPROVEMENT
Robert Wonnert, Director

Bill Owens
Governor

EMPLOYMENT AFFAIRS DIVISION
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Marva Livingston Hammons
Executive Director

Michelle Brissette-Miller, Statewide Services Director

BACKGROUND INVESTIGATION UNIT FACILITY INQUIRY FORM

Indicate here if inquiry is about: DAY CARE _____ PRESCHOOL _____ RCCF _____ CAMP _____
FOSTER CARE _____ ADOPTION _____ COMMUNITY MENTAL HEALTH _____ OTHER _____

The BIU-CDHS reports information, contained in the Statewide Automated Child Welfare Database, TRAILS. The information recorded in TRAILS by the local investigation agency is reported to the requestor by the BIU. Requestors or applicants who disagree with the information reported should contact the local agency (county) that conducted the investigation. Any person who willfully permits or who encourage the release of data or information related to child abuse or neglect contained in TRAILS to persons not permitted access to search information is committing a class 1 misdemeanor pursuant to 18-1.3-501, C.R.S. This form must be accompanied by a check or money order for \$35.00 made payable to: CDHS, Records & Reports, BIU.

Name Of Facility: _____ CDHS License Number _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name of individual in facility to receive request: _____ Phone #: _____

NAME OF APPLICANT PLEASE PRINT ALL INFORMATION - DO NOT USE N/A

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 _____

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