



Colorado Department of Human Services

people who help people

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

STATEWIDE SERVICES
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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 _____

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: _____ CDHS License Number _____

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

Name of individual requesting information: _____ Phone #: _____

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