

Background Investigation Unit (BIU)

Individual Child Abuse and Neglect (Trails) Request



COLORADO
Office of Early Childhood
Division of Early Care & Learning

Before Getting Started

*The form **MUST** be typed. Handwritten forms will be returned.*

- Use this form if you need to request a child abuse and neglect background check (also referred to as a Trails request) but do **NOT** have a State of Colorado child care license OR if you are an individual going through the adoption or foster care process (i.e., not going through an agency). If you have a State of Colorado child care license number, please submit a [Facility Child Abuse and Neglect \(Trails\) Request form](#).
- **This request form generates ONE Results Letter.** Results from this request are released to the person/agency/facility listed in the Results Letter release section of the form. If you want a Results Letter sent to the person being background checked **AND** another person, a second form and fee must be submitted.
- The child abuse and neglect background check process can take up to 30 business days, so please plan accordingly. Requests are processed in the order they're received
- A \$35 **NONREFUNDABLE** fee is required *for each individual Trails abuse/neglect background check request*. This fee only produces one Results Letter.
 - Include a check or money order with your request. Cash or credit card payments are not accepted. Submitting the incorrect fee will delay the processing of your request.
 - The check or money order must be payable to the CDHS, Background Investigation Unit (BIU).
- **Adoption and Foster Care ONLY:** The Results Letter will only list one marriage partner. Therefore, separate child abuse/neglect background investigation request forms and fees are required for each marriage partner.
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- Incomplete, handwritten, or unsigned child abuse/neglect background check request forms will be returned. If you have questions about which sections need to be completed or about how to complete a section, please call the Child Abuse/Neglect Background Investigation team at 303.866.2266. This is a monitored voicemail line. Calls are returned within two business days.
- Make a copy of your completed form prior to submitting and keep in your files. Mail your completed request and payment to:
 - Colorado Department of Human Services (CDHS)
 - Attn: Trails Background Investigation Unit (BIU)
 - 1575 Sherman Street, Garden Level
 - Denver, CO 80203-1714
- For detailed instructions and information about what to expect next, please visit the Office of Early Childhood website: www.ColoradoOfficeofEarlyChildhood.com. Please click the "For Providers" tab, and then select "Background Checks."

Request form begins on page 2.

You do not need to print the form in color OR mail the instruction page (pg. 1) back.

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Section A: Person Being Checked (REQUIRED)

Select the reason for your request (*only select one*):

Adoption

Foster Care

Court Appointed
Special Advocate
(CASA)

Employment

Volunteer

First Name

Middle Name (*not initials*)

Last Name

Social Security #

Previous Names Ever Used (e.g., maiden) - List ALL. *If none, please write "none."*

Date of Birth (MM/DD/YYYY)

Sex (M, F, X)

Race/Ethnicity (White, Black, etc.)

Phone #

Email Address

Current Address

Street Address

City

State

Zip Code

Have you lived at your current address for 10 years or longer?

Yes

No

TEN years of residence history (including temporary residence) is required.

Previous Address

If you've lived in more places in the past 10 years than the space on this form allows, please provide additional residence history on a separate piece of paper and submit with your request form. Include your move-in and move-out dates.

Street Address

City

State

Zip Code

Move-In Date (Month, Year)

Move Out Date (Month, Year)

Section B: Spouse/Partner/Former Spouse (REQUIRED)

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for ANY parent of your children is also required and must be entered in the next section.

Are you currently married?

Yes

No

Have you ever been married?

Yes

No

If you answered YES to ANY of the questions above, you must provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Former Spouse
First Name

Spouse/Partner/Former Spouse
Middle Name

Spouse/Partner/Former Partner
Last Name

Previous Names Ever Used (including maiden, middle, etc.) - List ALL. *If none, please write "none."*

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Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)
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Section C: Child Information (Includes Adult Children) (REQUIRED)

Information for ALL children must be provided below. This includes adult children, adopted children and step children. Information for the other parent of your children is required and must also be entered below.

Do you have any children (including adult children, step children, etc.)?	Yes	No
Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?	Yes	No
Have you ever lived in a home with any children that were not biologically yours (e.g., stepchildren, etc.)?	Yes	No

If you answered **YES** to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable). If a child and/or other parent does not have a middle name, enter “NMN” (as in “no middle name”) in the middle name column.
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

C.1. Enter each child’s information below. This includes adult children.

#	Child’s First Name	Child’s Middle Name (not initials)	Child’s Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

C.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you.

#	Parent’s First Name	Parent’s Middle Name (not initials)	Parent’s Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

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Section D: Results Letter Release Information (this request generates ONE letter)

Who should the Results Letter be sent to? Results from this request are released to the person/agency listed below. If the individual being checked wants an additional Results Letter, a second request form and fee must be submitted. **Adoption and Foster Care: The Results Letter will only list one marriage partner. Therefore, separate child abuse/neglect background investigation requests and fees are required for each marriage partner.**

Agency/Facility Name (if applicable) Arizona Child Care Administration		Person/Agency/Facility Email Address CCACentralregistry@azdes.gov		
First Name Laila		Last Name Stene		
Street Address or P.O. Box 1789 W. Jefferson Street	City Phoenix	State AZ	Zip Code 85007	Phone # 602-679-2021

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I also authorize the release of the results of the Trails background check to the person/agency/facility listed in the Release section of this form.

Signature (Parent/Guardian signature required if under 18 years of age) (Do not type)	Date
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