

Colorado Adult Abuse Release Instructions

The Colorado Adult Abuse search requires a consent form that needs to be completed by the subject of the search.

This search is conducted through the Colorado Adult Protective Services (CAPS).

Required Information

Section 1: Employer Information

- Employer Name – provide the name of the company you are applying to.

Section 2: Requestor Information •

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Section 3: Applicant/Employee Information

- Full name
- Date of birth
- Last 4 digits of SSN
- Maiden/other names or AKA's (if none, enter N/A)
- DORA license number (if applicable)
- Home/cell phone number
- Email address
- Current address
- **Complete** address history for the past 5 years (months & years required) Attach an additional sheet of paper, if necessary
- Name (printed)
- Hand signature and date

Please complete the information on the release by printing legibly. **Illegible or incomplete information will result in the request not being processed.**

- Email the completed release to customerservice or fax to 866-728-7784
- When the applicant does not have a maiden name or other names, make sure the field contains "N/A."
- **All applicants must complete the forms entirely. Please do not leave any blank spaces on the form and mark them with "N/A" if not applicable.**
- The state does not require a separate release for multiple alias names. However, all alias names must be provided on the release at the time of submission. If any other names are located via additional resources and were not included on the original form, a separate release will be required.

Written Authorization to Request a CAPS Check



COLORADO
Adult Protective Services
CAPS Check Unit

Pursuant to §26-3.1-111, C.R.S., certain employers named in the statute are required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) prior to hiring a new employee who will be providing direct care to at-risk adults. These employers are also authorized by statute, though not required, to request a CAPS check for current employees. The CAPS check will alert the employer as to whether or not a prospective or current employee has been substantiated as a perpetrator of physical abuse, sexual abuse,

caretaker neglect, and/or exploitation of an at-risk adult. More information on the CAPS check requirement can be found in Title 26, Article 3.1 of the Colorado Revised Statutes (C.R.S.) and 12 CCR 2518-01 of the Colorado Code of Regulations (CCR).

Written authorization from the applicant/employee using this form is required per APS regulations (12 CCR 2518-1). Please complete this entire form. It is recommended that you and the employer keep a copy of this form for your records.

■ EMPLOYER INFORMATION

Employer Name: _____

CAPS Check Employer ID # (XXX-#####): _____

■ REQUESTOR INFORMATION

Requestor Name: _____ Requestor Title: _____

Requestor Phone Number: _____ Requestor Phone Extension: _____

Requestor Email: _____

■ APPLICANT/EMPLOYEE INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

SSN (Last 4 digits): _____ Maiden Name/Previous Name(s)/Alias(es): _____

DORA License # _____

GENDER:

- Woman
- Man
- Transgender (Identifies as Woman)
- Transgender (Identifies as Man)
- Unknown

RACE/ETHNICITY (Check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Hawaiian National & Pacific Islander
- Hispanic or Latino
- Middle Eastern or North African
- White

Home Phone (Including Area Code): _____

Cell/Mobile Phone (Including Area Code): _____

Work Phone (Including Area Code): _____ Work Phone Extension: _____

Home Email: _____ Work Email: _____

Current Address Street: _____

Current Address City: _____ Current State: _____

Current Zip/Postal Code: _____ Current Address Start Date: _____

All Applicants/Employees are required to have 5 years of residential history provided. If the individual listed above has less than 5 years at their current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Employer(s) Agency Name(s): _____

By my signature, below, I attest that all information provided in this written authorization is true and complete. My signature authorizes the employer referenced above to request a CAPS Check to determine if I have been substantiated in an APS case as a perpetrator of physical abuse, sexual abuse, caretaker neglect, and/or exploitation of an at-risk adult. I acknowledge that the information resulting from such a check will be shared directly with the employer who may use the results to inform their hiring decision. By my signature I acknowledge that this request will flag my name to allow notification to this employer of any future substantiated findings as long as I am employed by this agency.

Signature: _____

Date: _____



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