

Written Authorization to Request a CAPS Check



COLORADO
Adult Protective Services
CAPS Check Unit

This employer is required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) during the hiring process of new employees who provide direct care to at-risk adults. Additionally, this employer has statutory authority to request a CAPS check for current employees or volunteers. The CAPS check will alert the employer as to whether or not the employee or volunteer has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, exploitation, and/or harmful act.

More information on the CAPS check requirement can be found in the Colorado Revised Statutes (C.R.S.) under §26-3.1-111 and in the Colorado code of Regulations (CCR) under 12 CCR 2518-01. Written authorization is required from the applicant, employee, or volunteer using this form. Please complete this form in its entirety. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S. You may ask the employer for a copy of this form for your records.

■ EMPLOYER INFORMATION (To be completed by the employer.)

Employer Name: _____

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

■ REQUESTOR INFORMATION (To be completed by the employer.)

Requestor Name: _____ Requestor Title: _____

Requestor Phone Number: _____ Requestor Email: _____

■ APPLICANT/ EMPLOYEE/VOLUNTEER INFORMATION (To be completed by the applicant, employee, or volunteer.)

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name/Previous Name(s)/Alias: _____

Date of Birth: _____ SSN (Last 4 digits): _____ DORA License #: _____
(required for all licensed professionals)

Provide the Name(s) of Your Previous Employer(s) Over the Past Five (5) Years: _____

■ APPLICANT/EMPLOYEE/VOLUNTEER CONTACT INFORMATION

Must provide at least one (1) personal phone number and one (1) email address.

Employee's Personal Email Address: _____

Employee's Work Email Address: _____

Employee's Cell Phone: _____ Employee's Home Phone: _____

Employee's Work Phone: _____ Employee's Work Phone Extension: _____

■ APPLICANT/EMPLOYEE/VOLUNTEER CURRENT ADDRESS

Current Address Start Date (DD/MM/YYYY): _____

Current Street and Number (No PO boxes): _____

Current Address City: _____ Current State: _____ Current Zip/Postal Code: _____

■ APPLICANT/EMPLOYEE/VOLUNTEER PREVIOUS ADDRESS HISTORY

All applicants, employees, and volunteers are required to provide five (5) years of residential history, regardless of whether in the U.S. or abroad. If you lived outside the US in the past five (5) years, provide the international address(es), including the name of the city and country. If you listed less than 5 years at your current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

I, _____, by my signature below, authorize the employer referenced above to request a CAPS check to determine if I have a substantiated finding as a perpetrator of mistreatment of an at-risk adult. I acknowledge that a substantiated finding resulting from such a check, unless the finding was expunged through a successful appeal, shall be provided to the person directly involved in the employer's hiring process and may be used to inform their hiring decision of me. I acknowledge notification may occur through CAPS to this employer, for the duration of my employment or volunteer assignment with them, of any future substantiated findings against me. I understand that willfully providing false information on this form is a misdemeanor 1 penalty, punishable as outlined in §18-1.3-501, C.R.S. I declare under penalty of perjury under Colorado Law that this CAPS Check Request Form, including supporting documents, has been examined by me and is true, correct, and complete.

Signature: _____

Date: _____



COLORADO
Adult Protective Services
CAPS Check Unit