



## Written Authorization to Request a CAPS Check

A check of the Colorado Adult Protective Services (APS) data system (CAPS) is required for you (individual) because you are:

- A potential employee/contractor who will provide direct care to at-risk adults, or
- A person who may be appointed as a conservator or guardian of an at-risk adult.

An employer may also request a CAPS check for you if you provide direct care to an at-risk adult and you:

- Were hired/contracted prior to the CAPS check requirement (1/1/2019), or
- Are a volunteer, or
- Will provide services to a CDASS recipient

The CAPS Check will alert the employer or court (agency) whether you have or have not been substantiated in an APS case of mistreating 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 Colorado Revised Statute (26-3.1-111, C.R.S.) and in the Colorado code of Regulations (12 CCR 2518-01).

Written authorization is required from the individual being checked, using this form. Please complete this form in its entirety. Knowingly providing inaccurate information on a CAPS check request is a class 2 misdemeanor pursuant to 18-1.3-501, C.R.S.

Information obtained through a CAPS Check is confidential and may only be shared with individuals involved in an employer's hiring process. Third party screening agencies or staffing agencies are authorized to share information received via CAPS Check with employers they are supporting for positions that will provide direct care in accordance with the law.

### ■ AGENCY INFORMATION (To be completed by the agency.)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

### ■ INDIVIDUAL'S INFORMATION (To be completed by the individual being checked.)

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:

\_\_\_\_\_  
\_\_\_\_\_

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

Personal Email Address: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone Extension: \_\_\_\_\_

All individuals are required to provide at least five (5) consecutive 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 have lived at your current address less than 5 years, please list your previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Current Address Start Date (DD/MM/YYYY): \_\_\_\_\_

Current Street and Number (No PO boxes): \_\_\_\_\_

Current Address City: \_\_\_\_\_ Current State: \_\_\_\_\_ Current Zip/Postal Code: \_\_\_\_\_

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

Previous Street and Number (No PO boxes): \_\_\_\_\_

Previous City (City & country for international addresses): \_\_\_\_\_

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

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

I, \_\_\_\_\_, ( ) Check here if you are a parent/guardian completing this form for a minor child seeking employment. You must attest to the following on the minor's behalf.) by my signature below, authorize the agency 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. If the employer referenced above is a third-party screening agency and/or a staffing agency conducting a CAPS Check for another employer, I acknowledge understanding that the results of the CAPS check will be shared with the employer the agency is supporting. I acknowledge that a substantiated finding resulting from such a check, unless the finding was expunged through a successful appeal, shall only be provided to persons directly involved in the employer's hiring process or the court's hearing process and may be used to inform their decision. I acknowledge notification may occur through CAPS to this agency, for the duration of my employment or 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