

CAPS Check Request Form



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).

Incomplete or unsigned requests AND/OR requests without full payment of the fee will not be processed and will be returned. Payment must be made with a check or money order for \$15.50 per employee payable to CAPS Check Unit. Please note: Cash payments will not be accepted and the request will be returned.

Mail your completed request to:

Colorado Department of Human Services
Division of Aging and Adult Services
CAPS Check Unit
1575 Sherman St., 10th Floor
Denver, CO 80203

■ 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 the 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 I have received written authorization from the employee/applicant to conduct this CAPS Check. My signature also confirms that I acknowledge that this request will flag this employee/applicant for any future substantiated findings, and if the employee/applicant is still employed by me or my agency at that time, notification of the substantiated finding(s) will be provided to me or my agency. I affirm that I am authorized by Section 26-3.1-111(7), C.R.S. to request this CAPS check and all information provided in this request is true and accurate to the best of my knowledge.

Signature: _____

Date: _____



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