

# 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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