

**Chaffee County Department of Human Services
Foster Care/ Kinship Care/ Adoption Services
Authorization to Release Information for Background Check**

I authorize the persons, agencies, or institutions entered below to supply information requested by the Chaffee County Department of Human Services concerning my application for the care of children, I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the county department. I release the person, agency, or institution from any and all liability for supplying such information.

For the purpose of completing a background check for the car of children:

The Park, Chaffee, or Lake County Sheriff's Office and / or other local law enforcement jurisdictions where I have resided in the past five years, FBI, CBI, Colorado Motor Vehicle Records, Colorado Trails Child Abuse and Neglect Computer System, Colorado Courts online records, Colorado State Department of Human Services and /or any other local Department of Human Services where I have resided and/or receive services through current employer(s) and personal and/or professional references.

This authorization is given only in connection with its use by the Chaffee County Department of Human Services in its administration of the social services program and for no other purpose. It shall continue in effect for twelve (12) months unless rescinded earlier in writing.

Signature of Client: _____

Printed Name: _____

Maiden or other names used: _____

Date of Birth: _____ Social Security: _____

Current Address: _____
(street) (city) (state)

Please include all other address where you have lived during past 5 years:

(street) (city) (state)

(street) (city) (state)

(street) (city) (state)

Date Signed: _____

Colorado Department of Social Services
SS-3 (Rev. 9-84) _____ County Department of Human Services

Authorization to Release Information

I authorize the persons, agencies, or institutions entered below to supply information requested by the County Department of Human Services concerning my application for or receipt of social services, I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the county department. I release the person, agency or institution from any and all liability for supplying such information.

Authorization to Supply Information

I hereby authorize the _____ County Department of Human Services, in the course of administering the social services program, to supply information obtained directly from me, or from any person, agency, or institution which has provided information to the county department with written consent, to the following:

Names and address to whom the county department is authorized to release info:

This authorization is given only in connection with its use by the County Department in its administration of the social services program and for no other purpose, It shall continue in effect for six (6) months unless rescinded earlier in writing.

Signature of Client: _____

Address: _____
(street) (city) (State)

Date: _____