

BACKGROUND ONLY

COLORADO BLUESKY ENTERPRISES

PROSPECTIVE PROVIDER APPLICATION

Please find attached an application for Personal Care Alternatives, Prospective Provider Profile.

1. Fill out the application COMPLETELY.
2. Two background checks need to be completed before your application can be processed:
 - a. The first is a CBI-Request for Public Arrest Information and the cost is \$14.16, cash, *or money order made payable to Colorado Bluesky Enterprises.*
 - b. The second is an Individual Background Investigation Request (Child Registry) check and the cost of that is **\$15.00**, *money order only made payable to Colorado Department of Human Services.*

A BACKGROUND CHECK FORM NEEDS TO BE COMPLETED FOR EVERY PERSON LIVING IN YOUR HOME OVER THE AGE OF 18, AND THE FEES APPLY TO EACH INDIVIDUAL.

3. We require a copy of the Motor Vehicle Record for everyone in the home over the age of 18.
4. We require three letters of reference from friends, co-workers or employers.

Thank you for applying to be a host provider home through Colorado Bluesky Enterprises. If you have any questions about any of the attached forms, please contact Residential Services, 542-6701.

INFORMATION FOR CRIMINAL AND SEX REGISTRY

BACKGROUND CHECK

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

MALE: _____ **FEMALE:** _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Colorado Bluesky Enterprises, Inc. recognizes the importance of privacy and the sensitivity of the personal information that we may have concerning any individual. We have a professional and ethical obligation to keep confidential all information we receive. Further, we are committed to safeguarding the personal information we have concerning any individual.



COLORADO

Office of Administrative Solutions
Division of Employment Affairs

Background Investigations Unit
3550 W. Oxford Ave
Denver, CO 80236-3108

Please note:
Fee decreased to
\$15.00 effective
February 15, 2015.

INDIVIDUAL REQUEST FOR BACKGROUND INVESTIGATION
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE

Send this request with a check or money order for \$15 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 3550 West Oxford Ave., Denver, CO 80236. Incomplete or unsigned requests cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.

Please circle the reason for your request: Employment, Volunteer, Adoption, Foster Care, Other (Please explain)

(Please print legibly)

Full name of person to be checked:
Maiden name and other names used:
Birth date: Sex: Race: Social Security #:
Current address:
Previous address:
Phone number:

Please circle one of the following: Spouse, Former Spouse, Parent(s) of your children and provide their information below. Add additional names on back of this form.

Full name:
Maiden name and other names used:
Birth Date: Sex: Race: Social Security #:

Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.

Blank lines for children's information

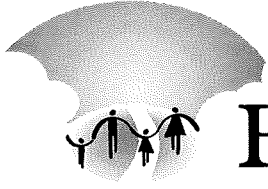
Signature of Person being checked: Date:
If you are under 18 years of age, your parent or legal guardian must sign this request.

Spouse's signature: Date:
For adoption and foster care, both marriage partners must provide signatures for processing this request.

Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.

If you want this information released to another party, please complete information below. I hereby authorize CDHS to release the results of this background check to:
Person or Company: Attention:
Address & Phone:
Signature of person being checked: Date:





Colorado
Bluesky
ENTERPRISES, INC.

PERSONAL CARE ALTERNATIVES
PROSPECTIVE PROVIDER PROFILE

A. GENERAL INFORMATION

Date: _____

Name: _____ Social Security#: ____ - ____ - ____

Address: _____ Phone#: (____) ____ - ____

City: _____ Zip: _____

1. Have you ever been convicted of a felony or misdemeanor? Yes or No

If yes, please

explain: _____

2. Are you at least 21 years of age? Yes or No

3. Do you have a valid drivers license? Yes or No License# _____

4. Are you currently employed? Yes or No Where? _____

What is your current scheduled hours/days?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

5. Are you or have you been approved to provide Personal Care Alternatives services through any other agency? Yes or No If yes, which agency(ies)?

6. Are there non-family members residing in your home at this time? Yes or No

7. How did you learn about the Personal Care Alternative program?

8. Why do you want to be a Personal Care Alternative provider?

9. Are you currently in good physical and mental health? Yes or No

10. Do you have any disabilities which would require additional assistance to be an effective provider? Yes or No

11. Do you have a High School Diploma or GED? Yes or No

12. Would you be willing to provide information for background check in the area of; driving, CBI, and Child Registry? Yes or No

B. HOUSEHOLD AND FAMILY DEMOGRAPHICS

1. Are you between the ages of: (Please Circle One)

21-25 26-30 31-35 36-40 41-45 46-50 51-60 over 60

2. Are you Bilingual? Yes or No Language (s): _____

PERSONAL CARE ALTERNATIVES
PROSPECTIVE PROVIDER PROFILE

Page 2

3. Please list the names / age /sex / relationship of all other household members.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How does your family feel about having a consumer in their home?

Spouse: _____

Children: _____

Other: _____

5. Please provide a list of the hobbies, activities, or clubs you and your family participate in?

C. PROVIDER RESPONSIBILITIES

1. Are you currently CPR / First Aid / State Med Qualified? Yes or No Which do you need? _____

2. Would you have any problem with obtaining and maintaining CPR / First Aid / State Med Qualified? Yes or No

3. Would you have any problem with attending or obtaining any specific training as required by the consumers Individualized Plan or state Regulations? Yes or No

4. What type of insurance do you carry on your home? _____

5. What type of automobile insurance do you carry? _____

6. How would you arrange respite for a consumer in your home?

7. What are your feelings about planned and unannounced visits to your home by Developmental Disabilities agencies?

8. Do you understand that your home must pass HUD, PCA placement standards inspections and a Home Study to be accepted? Yes or No

PERSONAL CARE ALTERNATIVES
 PROSPECTIVE PROVIDER PROFILE
 Page 3

D. SERVICE PROVISSION

Please answer the following questions as it will assist us in sending you Request for Proposals which are appropriate for you and help ensure a positive match.

1. Do you have any prior experience working with individuals who are developmentally disabled?

2. Do you have a preference for working with: Males ___ Females ___ Either ___
 Adults ages: 22-30 ___ 31-40 ___ 41-50 ___ Over 50 ___

3. What are your feelings about working with someone who is:

Non- Ambulatory	Medically involved
Behaviorally challenging	Dually Diagnosed
Non-Verbal	Deaf
Blind	Has Previous Criminal Record
Incontinent	Has a contagious disease
Epileptic	Diabetic
On Oxygen	

4. Can you have a smoker in your home? Yes or No
 5. Do you or a member of your family smoke? Yes or No
 6. Can the individual have personal pets? Yes or No
 Restrictions _____

I have answered the above as truthfully as I possibly could and understand that if any of this information has been falsified, I will no be considered for the Personal Care Alternative Program.

Applicant's Signature: _____
 Date: _____