

**SAVIO CHILD PLACEMENT AGENCY
APPLICATION FOR GROUP AND/OR FOSTER CARE HOME**

Applicant Name: _____

Telephone: (H) _____ (W) _____

(C) _____ (P) _____

Social Security # _____ Date of Birth (mm/dd/yy) _____

Co-Applicant Name: _____

Telephone: (H) _____ (W) _____

(C) _____ (P) _____

Social Security # _____ Date of Birth (mm/dd/yy) _____

Applicant:

Have any of your children or children of whom you had custody ever been placed out of the home in foster care or residential treatment?

If yes, give details

Yes

No

Have you or anyone living in your house ever had or currently have a Colorado Medical Marijuana License?

If yes, give details

Yes

No

Have you ever worked or attended school under any other names? Yes No

If yes, give names: _____

Have you ever declared bankruptcy?

Yes No

If yes, please explain _____

Affidavit

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in the immediate denial of this application and license if discovered at a later date. Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

I understand that the licensing agency may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations names in this application to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements. This investigation also will include Central Registry checks and FBI fingerprint checks on all persons living in your home 18 years or older.

I understand that this application does not create a contract for licensure nor guarantee licensure for any period of time.

I have read and understand and by my signature consent to these statements.

Signature

Date

Co-Applicant

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If yes, give details

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