



Background Investigation Unit  
1575 Sherman St. 1<sup>st</sup> Floor  
Denver, CO 80203

**Please note:  
Fee increase to  
\$28.00 effective  
November 16, 2015.**

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

Send this request with a check or money order for \$28 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 1575 Sherman St. 1<sup>st</sup> floor, Denver, CO 80203. 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: Family Child Care Home, Child Care Center, Preschool, School Age Child Care Center, Day Treatment, Specialized Group Home, RCCF, Adoption (one form per couple), Foster Care (one form per couple), and Camp

The following facility information is completed by the Business Officer:

Facility Name: DENVER JEWISH COMMUNITY CENTER CDHS License#: 47826  
 Complete Address: 350 S. Dahlia St Denver, CO 80246  
 Business Officer Name & Title: NORA GALLAGHER CAMP DIRECTOR Phone: 303-316-6580

List up to four other license numbers (less than 24 hour facilities only) where the employee works for this governing body:  
 CDHS License#: \_\_\_\_\_ CDHS License#: \_\_\_\_\_ CDHS License#: \_\_\_\_\_ CDHS License#: \_\_\_\_\_

(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: \_\_\_\_\_

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.

\_\_\_\_\_  
 \_\_\_\_\_

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.

