

# Written Authorization to Request a CAPS Check



**COLORADO**  
Adult Protective Services  
CAPS Check Unit

This employer is required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) during the hiring process of new employees who provide direct care to at-risk adults. Additionally, this employer has statutory authority to request a CAPS check for current employees or volunteers. The CAPS check will alert the employer as to whether or not the employee or volunteer has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, exploitation, and/or harmful act.

More information on the CAPS check requirement can be found in the Colorado Revised Statutes (C.R.S.) under 526-3.1 -111 and in the Colorado code of Regulations (CCR) under 12 CCR 2518-01. Written authorization is required from the applicant, employee, or volunteer using this form. Please complete this form in its entirety. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to 518-1.3-501, C.R.S. You may ask the employer for a copy of this form for your records.

## EMPLOYER INFORMATION (To be completed by the employer.)

Employer Name: \_\_\_\_\_

CAPS Check Employer ID # (XXX-#####.#): \_\_\_\_\_

## REQUESTOR INFORMATION (To be completed by the employer.)

Requestor Name: \_\_\_\_\_ Requestor Title: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

## APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (To be completed by the applicant, employee, or volunteer.)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name/Previous Name(s)/Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_\_ DORA License #: \_\_\_\_\_  
(required for all licensed professionals)

Provide the Name(s) of Your Previous Employer(s) Over the Past Five (5) Years: \_\_\_\_\_

## APPLICANT/EMPLOYEE/VOLUNTEER CONTACT INFORMATION

Must provide at least one (1) personal phone number and one (1) email address.

Employee's Personal Email Address: \_\_\_\_\_

Employee's Work Email Address: \_\_\_\_\_

Employee's Cell Phone: \_\_\_\_\_ Employee's Home Phone: \_\_\_\_\_

Employee's Work Phone: \_\_\_\_\_ Employee's Work Phone Extension: \_\_\_\_\_

## APPLICANT/EMPLOYEE/VOLUNTEER CURRENT ADDRESS

Current Address Start Date (DD/MM/YYYY): \_\_\_\_\_

Current Street and Number (No PO boxes): \_\_\_\_\_

Current Address City: \_\_\_\_\_ Current State: \_\_\_\_\_ Current Zip/Postal Code: \_\_\_\_\_

## APPLICANT/EMPLOYEE/VOLUNTEER PREVIOUS ADDRESS HISTORY

All applicants, employees, and volunteers are required to provide five (5) years of residential history, regardless of whether in the U.S. or abroad. If you lived outside the US in the past five (5) years, provide the international address(es), including the name of the city and country. If you listed less than 5 years at your current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address Start Date (DD/MM/YYYY): \_\_\_\_\_ Previous Address End Date (DD/MM/YYYY): \_\_\_\_\_

Previous Street and Number (No PO boxes): \_\_\_\_\_

Previous City (city and country for international addresses): \_\_\_\_\_

Previous State (required for international addresses): \_\_\_\_\_ Previous Zip Code (use 00000 for international addresses): \_\_\_\_\_

Previous Address Start Date (DD/MM/YYYY): \_\_\_\_\_ Previous Address End Date (DD/MM/YYYY): \_\_\_\_\_

Previous Street and Number (No PO boxes): \_\_\_\_\_

Previous City (city and country for international addresses): \_\_\_\_\_

Previous State (Not required for international addresses)\* \_\_\_\_\_ Previous Zip Code (Use "00000" for international addresses)! \_\_\_\_\_

Previous Address Start Date (DD/MM/YYYY): \_\_\_\_\_ Previous Address End Date (DD/MM/YYYY): \_\_\_\_\_

Previous Street and Number (No PO boxes): \_\_\_\_\_

Previous City (City and country for international addresses): \_\_\_\_\_

Previous State (Not required for international addresses)\* \_\_\_\_\_ Previous Zip Code (Use "00000" for international addresses)! \_\_\_\_\_

I, \_\_\_\_\_, by my signature below, authorize the employer referenced above to request a CAPS check to determine if I have a substantiated finding as a perpetrator of mistreatment of an at-risk adult. I acknowledge that a substantiated finding resulting from such a check, unless the finding was expunged through a successful appeal, shall be provided to the person directly involved in the employer's hiring process and may be used to inform their hiring decision of me. I acknowledge notification may occur through CAPS to this employer, for the duration of my employment or volunteer assignment with them, of any future substantiated findings against me. I understand that willfully providing false information on this form is a misdemeanor 1 penalty, punishable as outlined in 518-1.3-501, C.R.S. I declare under penalty of perjury under Colorado Law that this CAPS Check Request Form, including supporting documents, has been examined by me and is true, correct, and complete.

Signature: \_\_\_\_\_

CLEAR FORM

PRINT



**COLORADO**  
Adult Protective Services

(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

¥• Go to [www.im.gov.yorznWB](http://www.im.gov.yorznWB) for instructions and the latest information.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2	Business name/disregarded entity name, if different from above
3	<p>Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;">Individual/sole proprietor or single-member LLC</div> <div style="width: 15%;">Corporation</div> <div style="width: 15%;">S Corporation</div> <div style="width: 15%;">Partnership</div> <div style="width: 15%;">Trust/estate</div> <div style="width: 20%; text-align: right;"> <p>Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p style="text-align: right;">y (if y) _____</p> </div> </div> <p>Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check Exemption from FATCA reporting if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <span style="float: right;">code (if any) _____</span></p> <p>Other (see instructions) • <span style="float: right;">(Applies to accounts maintained outside the U.S.)</span></p>
5	<div style="display: flex; justify-content: space-between;"> <div>Address (number, street, and apt. or suite no.) See instructions.</div> <div>Requester's name and address (optional)</div> </div>
6	City, state, and ZIP code
7	List account number(s) here (optional)

ma••aa	Taxpayer identification Number{TIN)
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Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note- If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part III, later.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See [What is backup withholding?](#)