



COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

Alternative Care Natural Support Consent Form
(One form per adult residing in the home)

I, _____, want to be considered as a Natural Support to

Foster parent's/kinship foster parent's) _____

As an Alternative Care Natural Support caregiver, I understand that the certifying agency is responsible for conducting background clearances for all adults in my household so that I can be approved to provide temporary care for the child/youth. A CBI and FBI fingerprint-based criminal history record check is required if an adult in the home has resided in Colorado less than five (5) years.

_____ I consent to the certifying agency conducting background clearances, including Colorado Courts, CBI sex offender (name and address checks), National Sex Offender Public Website (name and address checks) and Comprehensive Child Welfare Information System child abuse and neglect check (CCWIS).

I also hereby certify that (please initial):

- _____ I am familiar with and have met the child/youth.
- _____ The child/youth has visited my home.
- _____ I have been provided an emergency contact in case the foster parent cannot be reached.
- _____ I understand that a child/youth in foster care may need additional support medically and/or emotionally.
- _____ I feel prepared to care for the child/youth discussed with the foster parent or kinship foster parent.
- _____ If at any time my household composition changes, I will notify the foster parent or kinship foster parent.

Initially if planning on providing transportation:

_____ Before I drive the child/youth, I will provide a copy of my current driver's license, car insurance, and vehicle registration to the certifying agency.

The information presented in this document is true and correct to the best of my knowledge.

_____ Date of Birth: _____
Alternative Care Natural Support (Full Name)

_____ Date
Alternative Care Natural Support (Signature)

Names and dates of birth of all adults living in my household:



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I, _____ (foster parent/kinship foster parent), certify that I have reviewed this form and discussed the expectations of an Alternative Care Natural Support with (name of Alternative Care Natural Support) _____. Additionally, I am not aware of any individuals and conditions in the home of the Alternative Care Natural Support that will present a safety concern to the child/youth.

(Signature) Foster parent/kinship foster parent (Date) _____

Foster parent/kinship foster parent:

1. Please submit this form for approval to your certifying agency at least two (2) weeks prior to the Alternative Care Natural Support being used.
2. Prior to approval, if the Alternative Care Natural Support will be driving the child/youth, a copy of the driver's license, car insurance, and car registration must be submitted to the certifying agency.