



## TRANSITIONS AGENCY LTD – JOB DESCRIPTION: HOST HOME

### PROVIDER

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**Position Title:** Host Home Provider (Independent Contractor)

**Program:** Adult IDD Services – Host Home/Residential Support

**Reports To:** Program Administrator / Residential Manager / On-Call Supervisor

**Location:** Provider’s primary residence (Host Home)

#### Position Summary

The Host Home Provider offers a safe, stable, and supportive home environment for an adult with intellectual and/or developmental disabilities (IDD). Providers promote dignity, independence, community integration, and person-centered choice while implementing the individual’s service plan and any approved supports.

#### Essential Duties & Responsibilities

##### Person-Centered Support

- Provide day-to-day support aligned with the individual’s person-centered plan (PCSP/ISP) and goals
- Promote informed choice and independence in daily routines (meals, hygiene, activities, scheduling)
- Support community integration and meaningful participation in preferred activities consistent with HCBS settings expectations

## **Health, Safety & Well-Being**

- Maintain a clean, safe living environment (home safety basics, emergency planning, safe storage)
- Observe and report health changes; assist with scheduling and attending appointments as needed
- Support medication routines as authorized and trained (QMAP if applicable)

## **Positive Behavior Support & De-escalation**

- Use prevention and de-escalation strategies; follow any Behavior Support Plan (BSP) as trained
- Use least restrictive approaches; emergency interventions are last resort and must follow agency policy and applicable requirements

## **Documentation & Communication**

- Complete required documentation (daily notes/service logs, incident reports, appointments, progress toward goals)
- Communicate promptly with agency staff, case managers, and the support team as required

## **Professionalism & Compliance**

- Maintain required certifications (e.g., CPR/First Aid; other training per placement)
- Complete background screening and any renewals required for the role
- Maintain confidentiality and uphold individual rights

## **Minimum Qualifications**

- Age 18+ and High School Diploma/GED (or equivalent)

- Ability to pass required background and reference checks (and for household adults, as applicable)
- Willingness to complete required training (CPR/First Aid; medication training if applicable)
- Reliable communication skills and ability to document services

### Preferred Qualifications

- Experience supporting individuals with IDD or related human services experience
- Experience implementing a BSP or working with behavioral support teams
- Cultural humility and trauma-informed approach

### Physical & Environmental Requirements

- Ability to assist with mobility supports and daily activities as needed (varies by individual)
- Ability to respond calmly during stressful situations and follow safety protocols
- Home environment must meet program safety expectations for placement

### Work Conditions

- Residential setting; schedule varies by individual need (often includes evenings, weekends, and on-call expectations)
- May include transportation responsibilities (requires valid license/insurance if transporting)

### Acknowledgement

I acknowledge receipt of this job description and understand the essential duties.

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: // \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: // \_\_\_\_\_



# Host Home Provider Employment Application

*For IRSS / Host Home Provider Consideration*

Date Received:	_____	Position Applied For:	Host Home Provider
Application Status:	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Re-Application	Reviewed By:	_____

*Instructions: Complete all sections clearly. Attach additional pages if needed. Do not leave blanks; write N/A if a section does not apply. Submission of this application does not guarantee approval, employment, contracting, placement, or assignment with a client.*

## 1. Applicant Information

Legal Name:	_____
Preferred Name:	_____
Date of Birth:	_____
Primary Phone:	_____ Alternate Phone: _____
Email Address:	_____
Current Physical Address:	_____
City / State / ZIP:	_____
Mailing Address if Different:	_____
Preferred Contact Method:	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email

## 2. Position Interest and Availability

Type of Provider Interest:	<input type="checkbox"/> Full-time Host Home <input type="checkbox"/> Backup Provider <input type="checkbox"/> Respite Support <input type="checkbox"/> Other: _____
Date Available to Begin:	_____
Preferred Client Profile:	Age range: _____ Gender preference if any: _____ Support level



	preference: _____
Available for Emergency Placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
Available for Overnight Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Support Community Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Provide Transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Minimum Eligibility Questions

Question	Yes / No	Explanation if Needed
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you legally authorized to work or provide services in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you have reliable phone access for emergency communication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you have reliable transportation or a transportation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you have a valid driver's license if transporting clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you have current auto insurance if transporting clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you willing to complete all required background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you willing to complete required training before providing services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you willing to follow the person's Service Plan, rights, safety plan, and agency policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you able to maintain confidential records	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



and protect client privacy?		
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**4. Host Home Address and Household Information**

Proposed Host Home Address:	_____
Type of Residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhome <input type="checkbox"/> Other: _____
Own or Rent:	<input type="checkbox"/> Own <input type="checkbox"/> Rent If renting, is client placement allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Bedrooms:	_____ Number of Bathrooms: _____
Bedroom Available for Client:	<input type="checkbox"/> Private bedroom <input type="checkbox"/> Other arrangement: _____
Pets in Home:	<input type="checkbox"/> No <input type="checkbox"/> Yes - type/breed: _____
Weapons in Home:	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe secure storage plan: _____
Smokers / Vaping in Home:	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____

**Household Members**

Name	Relationship	Age	Lives in Home?	Will Need Background Check?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. Education, Training, and Certifications**

Highest Level of Education Completed:	_____
Relevant Training Completed:	<input type="checkbox"/> CPR/First Aid <input type="checkbox"/> Medication Administration <input type="checkbox"/> QMAP <input type="checkbox"/> MANE <input type="checkbox"/> HIPAA <input type="checkbox"/> Rights <input type="checkbox"/> Other: _____
Current CPR/First Aid Expiration Date:	_____



Medication Administration / QMAP Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Not completed Expiration: _____
Other Certifications or Licenses:	_____

## 6. Relevant Experience

Include paid, volunteer, family caregiving, direct support, behavioral health, medical, disability services, residential care, or other relevant experience.

Agency / Employer / Setting	Role	Dates	Population Supported	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 7. Skills and Support Experience

Skill Area	No Experience	Some Experience	Strong Experience / Notes
Supporting adults with intellectual or developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Person-centered planning and choice-based support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medication reminders or medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

documentation			
Behavioral support plans or de-escalation strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Personal care or activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Meal preparation and nutrition support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Community inclusion, recreation, employment, or day activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medical appointments and follow-up documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Incident reporting and health/safety documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Maintaining professional boundaries and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

**8. Personal Statement**

**Why are you interested in becoming a Host Home Provider with Transitions Agency Ltd?**

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**Describe your approach to supporting dignity, choice, independence, privacy, and respect.**

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**Describe how you would handle conflict, stress, or a difficult situation in the home.**

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### 9. Safety, Health, and Home Readiness

Home Readiness Item	Yes / No	Notes
Working smoke detectors and carbon monoxide detectors are installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fire extinguisher is available and accessible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Emergency exits are clear and usable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Medication, cleaning supplies, and hazardous items can be secured if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Client can have privacy and personal space.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Home can support visitor access, appointments, and monitoring visits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Provider can maintain client records securely in the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Provider can support emergency drills and emergency planning.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### 10. Driving and Transportation

Driver's License Number / State:	_____ Expiration: _____
Vehicle Available for Client Transport:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Insurance Carrier:	_____ Policy Expiration: _____ _____
Any restrictions on transporting a	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain: _____



client?	
Have you had any major driving violations in the last 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain: _____

## 11. Background, Registry, and Disclosure Questions

Answering yes does not automatically disqualify an applicant. Transitions Agency Ltd will review disclosures based on role requirements, safety considerations, applicable law, and agency policy.

Disclosure Question	Answer	Explanation
Have you ever been convicted of, pled guilty/no contest to, or received a deferred judgment for a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you currently facing any criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Have you ever been substantiated for abuse, neglect, exploitation, or mistreatment of an at-risk person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Have you ever had a professional license, certification, or provider approval denied, suspended, revoked, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Have you ever been terminated from a care provider role due to safety, neglect, documentation, boundary, or conduct concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Is there anything that may prevent you from safely supporting a person in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## 12. Employment / Provider References

Provide at least three references. At least one should be professional if available. Family members should not be used unless approved by the agency.

Name	Relationship	Phone	Email	Years Known

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

### 13. Required Attachments Checklist

- Photo ID / driver's license
- Current auto insurance, if transporting clients
- Current CPR/First Aid certificate, if already completed
- Medication administration/QMAP certificate, if applicable
- Resume or work history, if available
- Training certificates, if available
- Proof of home ownership or lease/rental approval when requested
- Pet vaccination records, if applicable
- Other: \_\_\_\_\_

### 14. Applicant Certifications and Acknowledgments

- I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge.
- I understand that false, incomplete, or misleading information may result in denial of application, removal from consideration, termination, or removal from provider assignment.
- I authorize Transitions Agency Ltd to verify information provided in this application, including references, employment history, background checks, registry checks, driving information when applicable, training records, and other information related to provider suitability.
- I understand that I must complete required onboarding, training, background checks, home readiness review, and agency approval steps before providing Host Home services.
- I understand that I must follow Transitions Agency Ltd policies, confidentiality requirements, client rights, person-centered practices, mandated reporting requirements, medication procedures, documentation requirements, and emergency procedures.
- I understand that client placement decisions depend on the needs, preferences, rights, safety, and Service Plan of the person receiving services, and that submitting this application does not guarantee a placement or assignment.

Applicant Signature: _____	Date: _____
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Printed Name: _____	Phone / Email: _____
Agency Witness / Reviewer: _____	Date: _____

### 15. Agency Review Use Only

Review Item	Completed	Date	Reviewer Initials
Application reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
References checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Background checks initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Training plan assigned	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Home readiness review scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Interview completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Approved for next step	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Not approved / hold	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Reviewer Notes:

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## CONFIDENTIALITY & HIPAA AGREEMENT

TRANSITIONS AGENCY LTD

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**This Agreement applies to** all employees, contractors, Host Home Providers, volunteers, interns, and any person who has access to participant information through Transitions Agency Ltd (“Agency”).

### 1) Purpose

Transitions Agency Ltd is committed to protecting the privacy, dignity, and rights of the individuals we support. This Agreement establishes confidentiality expectations and HIPAA-related safeguards for protected information.

### 2) Definitions (Plain Language)

- **Confidential Information** includes any information—written, verbal, electronic, photographic, or observed—that identifies or could reasonably identify an individual supported by the Agency.
- **PHI (Protected Health Information)** is individually identifiable health information (medical, mental health, medications, diagnoses, treatment, appointments, insurance, etc.).
- **Minimum Necessary** means sharing only the least amount of information needed to do your job.

### 3) Confidentiality Requirements

I agree to:

1. **Keep all participant information confidential** and use it only for legitimate service-related purposes.
2. Follow the **minimum necessary** standard when accessing, using, or sharing information.
3. Share information only with **authorized** persons (e.g., agency leadership, assigned team members, case managers/authorized providers, emergency responders as needed).
4. Discuss participant information only in **private settings** where others cannot overhear.
5. Maintain privacy during transportation, community outings, and within the home (e.g., avoid discussing sensitive matters in public places).

#### 4) HIPAA and Privacy Safeguards

I agree to:

1. **Secure documents and records** at all times (locked storage for paper records; passwords/secure devices for electronic records).
2. Never leave records unattended in public areas, vehicles, or shared spaces.
3. Use Agency-approved methods for communication (secure email/approved systems) when transmitting participant information.
4. Immediately report any **suspected breach** (lost phone, stolen laptop, misdirected email/text, unauthorized access, overheard disclosure, etc.) to Agency leadership.

#### 5) Social Media, Photos, and Recording

I agree that I will:

1. **Never post** participant names, photos, videos, addresses, or identifying details on social media or personal platforms.
2. **Never photograph or record** a participant, their home, or services without proper written authorization consistent with Agency policy.
3. Never “go live,” tag locations, or share stories that could identify a participant—even without using a name.

## 6) Prohibited Disclosures (Examples)

Without proper authorization, I will not disclose:

- Diagnoses, medications, appointments, behavior plans, incidents, service needs
- Financial information (rep payee details, benefits, account numbers)
- Addresses, schedules, daily routines, transportation details
- Family/guardian information or relationship details
- Any incident, allegation, or investigation information

## 7) Access, Use, and Return of Agency Information

I agree that:

- Access to records is limited to what I need to perform my assigned duties.
- All Agency records and documents remain the **property of Transitions Agency Ltd.**
- Upon separation or upon request, I will return all Agency records and permanently delete any Agency information stored on personal devices as required by policy.

## 8) Reporting Requirements and Consequences

I understand that:

- Confidentiality and HIPAA violations may result in corrective action up to and including termination of employment/contract and may require reporting to appropriate entities.
- I must immediately report any suspected privacy breach, unauthorized disclosure, or unsafe handling of information.

## 9) Acknowledgement

I acknowledge that I have received and understand this Confidentiality & HIPAA Agreement. I agree to comply with Agency policies, HIPAA privacy principles, and all confidentiality requirements as a condition of my role.

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## SIGNATURES

**Name (Print):** \_\_\_\_\_

**Role (check one):**  Employee  Contractor  Host Home Provider  Volunteer  Intern

**Other:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date: //** \_\_\_\_\_

# Colorado CBI Criminal History Report Instructions

*For Host Home Provider Applicants*

**Purpose:** This handout explains how to request a Colorado Bureau of Investigation (CBI) Internet Criminal History Check and submit the report to Transitions Agency Ltd as part of the Host Home Provider application process.

## Important Information Before You Begin

- Use the official Colorado Bureau of Investigation Internet Criminal History Check system.
- This is a Colorado-only, name-based criminal history record check.
- You will need identifying information such as your legal name, date of birth, and other requested information.
- Payment may be required by the CBI system. Keep your receipt or confirmation if one is provided.
- Submit the completed report to Transitions Agency Ltd according to the agency instructions below.
- Do not alter, crop, redact, or change the report unless Transitions Agency Ltd instructs you to do so.

## Official CBI Website Link

Item	Information
CBI Link	<a href="https://www.cbirecordscheck.com/">https://www.cbirecordscheck.com/</a>

## Step-by-Step Instructions

### Step 1: Open the CBI Website

Go to the official CBI Internet Criminal History Check website listed above. The home page should say Colorado Bureau of Investigation Internet Criminal History Check System.

### Step 2: Choose the Individual Search Option

Select the option for an Individual search/check. This is the option typically used when a person is requesting their own report without an agency account.



### Step 3: Enter Your Personal Information

Enter your information exactly as requested. Use your full legal name. Review your date of birth and spelling carefully before continuing.

### Step 4: Review the Use Statement

Read and affirm any required statement regarding lawful use of the records. The system may ask you to confirm that the records are not being requested for prohibited solicitation purposes.

### Step 5: Submit the Search and Pay Any Required Fee

Follow the payment prompts. The CBI system may charge a fee for each report viewed. Keep a copy of any confirmation, receipt, or report number provided.

### Step 6: Review the Report

After the search is complete, review the report for accuracy. If the report identifies possible matches, follow the CBI system instructions carefully.

### Step 7: Save or Print the Report

Save the report as a PDF or print a copy. Make sure the document is readable and includes the report details needed for verification.

### Step 8: Submit the Report to Transitions Agency Ltd

Submit the full report to Transitions Agency Ltd by the method requested by the agency. Do not send screenshots if a full PDF or printed report is available.

## What to Submit to Transitions Agency Ltd

- Completed CBI criminal history report

**Important:** A CBI Internet Criminal History Check is not the same as every possible background check. Transitions Agency Ltd may require additional checks, fingerprinting, reference checks, Motor Vehicle Record review, exclusion list checks, or other screenings before final approval as a Host Home Provider.

## If You Have Trouble Accessing the Report

- Try a different browser or device if the page does not load properly.
- Confirm that all required fields are completed before submitting.
- If payment does not process, contact the website support or CBI contact option listed on the official site.



- If you believe the report contains incorrect information, follow CBI instructions for record questions or corrections.

### **Applicant Acknowledgment**

I understand that I am responsible for requesting and submitting my CBI criminal history report as part of the Host Home Provider application process. I understand that providing incomplete, altered, false, or misleading information may delay or prevent approval.

<b>Applicant Printed Name</b>	
<b>Applicant Signature</b>	
<b>Date</b>	

*Source note: Instructions are based on the Colorado Bureau of Investigation Internet Criminal History Check system and CBI public guidance. Applicants should follow the instructions shown on the official CBI website if the website steps change.*



## Written Authorization to Request a CAPS Check

A check of the Colorado Adult Protective Services (APS) data system (CAPS) is required for you (individual) because you are:

- A potential employee/contractor who will provide direct care to at-risk adults, or
- A person who may be appointed as a conservator or guardian of an at-risk adult.

An employer may also request a CAPS check for you if you provide direct care to an at-risk adult and you:

- Were hired/contracted prior to the CAPS check requirement (1/1/2019), or
- Are a volunteer, or
- Will provide services to a CDASS recipient

The CAPS check will alert the employer or court (agency) whether you have or have not been substantiated in an APS case of mistreating 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 Colorado Revised Statute (26-3.1-111, C.R.S.) and in the Colorado code of Regulations (12 CCR 2518-01).

Written authorization is required from the individual being checked, 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 18-1.3-501, C.R.S.

### ■ AGENCY INFORMATION (To be completed by the agency.)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

### ■ INDIVIDUAL'S INFORMATION (To be completed by the individual being checked.)

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: \_\_\_\_\_

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

Personal Email Address: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone Extension: \_\_\_\_\_

All individuals 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 have lived at your current address less than 5 years, please list your previous addresses for the past 5 years. Use another sheet of paper, if necessary.

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

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

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

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

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

Previous City (City & 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 & 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 & 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 & 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 agency 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 or the court's hearing process and may be used to inform their decision. I acknowledge notification may occur through CAPS to this agency, for the duration of my employment, volunteer assignment, or authority as an appointed or potential conservator or guardian 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 §18-1.3-501, 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: \_\_\_\_\_

Date: \_\_\_\_\_

**CLEAR FORM**

**PRINT**



**COLORADO**  
**Adult Protective Services**  
CAPS Check Unit



# Colorado Motor Vehicle Record Instructions

## *For Host Home Provider Applicants*

**Purpose:** This handout explains how Host Home Provider applicants may request a Colorado Motor Vehicle Record, also called a driving record, and submit it to Transitions Agency Ltd for applicant verification when transportation may be provided.

### Important Information Before You Begin

- Use the official Colorado Division of Motor Vehicles website or myDMV online services.
- This request is for your own Colorado driving record/Motor Vehicle Record.
- You may be able to request a certified or non-certified copy online, by mail, or in person.
- Non-certified online copies may be emailed to you. Certified copies are handled according to DMV instructions and may be mailed.
- A fee may be required by the Colorado DMV. Keep your receipt or confirmation if provided.
- Submit the full record to Transitions Agency Ltd. Do not alter, crop, or redact the record unless instructed by the agency.
- If you will transport an individual receiving services, Transitions Agency Ltd may also require a valid driver license, proof of insurance, vehicle information, and other transportation documentation.

### Official Colorado DMV Links

Item	Information
DMV Motor Vehicle Record Page	<a href="https://dmv.colorado.gov/motor-vehicle-record">https://dmv.colorado.gov/motor-vehicle-record</a>
myDMV Online Services	<a href="https://mydmv.colorado.gov/">https://mydmv.colorado.gov/</a>
DMV Form DR 2559	<a href="#">Permission to Release Driver Records to Self or Another Person - DR 2559</a>

### Step-by-Step Instructions for Online Requests

#### Step 1: Open the Colorado DMV Motor Vehicle Record Page

Go to the official Colorado DMV Motor Vehicle Record page listed above. Review the DMV instructions for requesting your own driving record.



## **Step 2: Select the Online Request Option**

Choose the online option to request a driving record, or go directly to myDMV online services. Follow the prompts for requesting your own record.

## **Step 3: Choose the Type of Record**

Select whether you need a certified or non-certified copy. Unless Transitions Agency Ltd specifically asks for a certified record, applicants may usually submit the record type requested by the agency.

## **Step 4: Enter Your Personal Information**

Enter your full legal name, date of birth, driver license number if requested, and any other required information. Review everything carefully before submitting.

## **Step 5: Complete Any Required Release or Certification Steps**

If the DMV requires form DR 2559 or an electronic authorization, complete all required fields and provide your complete, legible signature when required.

## **Step 6: Pay Any Required Fee**

Follow the payment prompts. Save or print any receipt or confirmation page that is provided.

## **Step 7: Save the Record**

If your record is emailed or made available online, save the complete document as a PDF. Check your spam or junk folder if you do not receive an expected email.

## **Step 8: Submit the Record to Transitions Agency Ltd**

Submit the full driving record/Motor Vehicle Record to Transitions Agency Ltd by the method requested. Do not submit screenshots if a full PDF or printed document is available.

## **Other Ways to Request the Record**

- By mail: Follow the Colorado DMV instructions and submit the required form, identifying information, signature, and applicable fee to the address listed by the DMV.
- In person: Visit a full-service driver license office with the required form and payment. The DMV may require an appointment depending on location and service type.
- Certified records: Follow DMV instructions carefully because certified copies may be mailed or processed differently from non-certified records.



## What to Submit to Transitions Agency Ltd

- [ ] Completed Colorado driving record/Motor Vehicle Record

**Important:** A Motor Vehicle Record review is one part of the Host Home Provider screening process. Transitions Agency Ltd may require additional screening, background checks, reference checks, training documentation, insurance verification, and transportation safety review before approval to provide transportation.

## If You Have Trouble Accessing the Record

- Try a different browser or device if the online system does not load properly.
- Check your spam or junk email folder if you requested an emailed copy.
- Make sure all required fields are completed before submitting the request.
- If payment does not process, follow the DMV website instructions for assistance.
- If you cannot complete the request online, follow the DMV instructions for mail or in-person requests.

## Applicant Acknowledgment

I understand that I am responsible for requesting and submitting my Colorado Motor Vehicle Record as part of the Host Home Provider application and transportation verification process, if applicable. I understand that providing incomplete, altered, false, or misleading information may delay or prevent approval.

<b>Applicant Printed Name</b>	
<b>Applicant Signature</b>	
<b>Date</b>	

*Source note: Instructions are based on Colorado Division of Motor Vehicles public guidance for driving records/Motor Vehicle Records and myDMV online services. Applicants should follow the instructions shown on the official Colorado DMV website if the website steps change.*