



RELATIVE INFORMATION FORM

Colorado understands that family, friends, kin and other community supports are important for youth. The people you list on this form may be contacted to provide additional support, possibly serve as a placement of the youth, if necessary or respite (breaks) for the family, when needed.

Colorado law, §19-2-507 C.R.S. and §19-2-514 C.R.S. requires parents and legal guardians to complete this form as completely as possible. Fill out each section as completely as you can today. Please update any missing information as soon as possible.

Instructions

The law requires that the parent or legal guardian to list the information

- NAME
- ADDRESSES
- EMAIL ADDRESSES
- TELEPHONE NUMBERS
- APPROPRIATENESS OF THIS PERSON TO SUPPORT THE YOUTH OR BE A PLACEMENT FOR THEM

Please provide the above information about the following people:

- GRANDPARENTS (both paternal and maternal)
- RELATIVES (examples: aunts, uncles, sibling and cousins)
- KIN/ Other person with a significant relationship with the youth (example: other family friends, etc. teachers, coach, neighbor, etc.)

Name of parent or legal guardian who completed or provided information for this form:

_____ DATE: _____

***Please list here if someone other than parent/legal guardian completed the form:**

On the following pages, please complete for grandparent(s), relatives, kin and other people with a significant relationship with the youth

THIS FORM IS CONFIDENTIAL BUT:

The Court will be receiving a copy, and other professionals on the case may get a copy those could include: attorneys on the case, a Guardian Ad Litem, or County Department of Human Services, if a part of the case.

Full Name: _____

Relationship to the Youth: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

I want this person to be involved in supporting the youth and my family? Yes No

If you needed a short break and for the youth to stay elsewhere, would you like this person to be considered? Yes No

If the youth needs a place to live outside of your home, would you like this person to be considered? Yes No

Do you have any comments or concerns regarding this person as a potential support or placement for the youth? _____

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TO BE COMPLETED BY CYDC SCREENER/STAFF:

NAME OF YOUTH:
TRAILS Case/Client ID:

CASE NUMBER(s), if known:
COUNTY:

Full Name: _____

Relationship to the Youth: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

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