

REFERENCE FORM

To: Enter name and address
Enter name and address
Enter name and address

Date:

REFERENCE CONCERNING:

(Applicant # 1) Name of Applicant #1

(Applicant # 2) Name of Applicant #2 or N/A

My name is enter name and I am enter practitioner's title and name of agency/department if applicable. I am currently in the process of completing a home study for the **Select One** named above who **Select One** applied to e.g. become foster parents, adoptive parents, etc. Your name has been given to us as a reference.

My task is to determine if families are ready, willing and able to become viable resources for children in need of e.g. foster care placement, adoptive placement, placement from foreign countries, etc.. Parenting such children can be a very challenging as well as rewarding experience. In making these determinations, it is very helpful to have information from individuals who know the applicants well.

We would appreciate it if you would answer the following questions and return the completed form to us by enter date. If you have questions about this request or prefer to speak with me directly, I can be reached at the phone number listed at the bottom of this form.

1. **How long have you known the applicant(s) and in what capacity?** _____

2. **Of the following characteristics, which ones best describe the applicant(s)?**

(Check all that apply)

Name of Applicant #1

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Active |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Involved |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Compulsive | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Careful |
| <input type="checkbox"/> Other: _____ | |

Name of Applicant #2 or N/A

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Active |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Involved |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Compulsive | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Careful |
| <input type="checkbox"/> Other: _____ | |

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3. What kind of experience has each applicant had with children?

**4. The applicant(s) is/are capable of providing love and security to a child.
(Check one for each person)**

Name of Applicant #1

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

Name of Applicant #2 or N/A

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

5. To your knowledge, has/have the applicant(s) engaged in activities, or do you believe the applicant(s) might engage in activities, that are incompatible with responsible parenting?

- Yes No **If Yes, please name:** _____

6. Have any of the problem behaviors or conditions listed below been a problem for the applicant(s)?

Name of Applicant #1

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activities
- Depression and/or Suicidal tendencies
- Pornography
- Other: _____
- None of the above

Name of Applicant #2 or N/A

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activities
- Depression and/or Suicidal tendencies
- Pornography
- Other: _____
- None of the above

7. If you checked any of the problem behaviors listed in question #6, please elaborate on the nature of the problem and how it was dealt with:

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8. **This is a compatible couple with a strong, loving and stable relationship. (Please check one)**

- N/A Strongly agree Agree Somewhat agree Disagree Strongly disagree

9. **Which of the following statements best describe the level of support the applicant(s) derive(s) from their friends, family, community and religious institutions? (Please check one)**

- High level of support Moderate level of support Low level of support
 Virtually no support

10. **Would you feel comfortable allowing the applicant(s) to care for your child permanently if you were unable to do so?**

- Very comfortable Comfortable Uncomfortable Very uncomfortable

11. **Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the applicant(s)?**

- Yes No If Yes, please explain: _____

12. **It would be helpful to us to know whether you plan to discuss the contents of your reply with the applicant(s).**

- I plan to discuss the content of my reply. I have discussed the content of my reply.
 I do not plan to discuss the content of my reply.

13. **Please provide a phone number for us to contact you if we have any further questions.**

Day phone # _____
Evening phone # _____
Cell phone # _____

Signature

Date

Thank you for your time in completing this questionnaire.

Name of person completing the home study
Address

Telephone No.

[To check for form updates click this link.](#)