

LETTERHEAD

REFERENCE REQUEST FORM

REFERENCE REQUEST FOR: _____

(Applicant's name)

The above named person has applied to reside in or be considered as a foster care provider. This person has selected you to write a reference statement on his/her behalf.

Please complete the entire form. Your honest reply will help us ensure the safety and quality care of our licensed foster homes.

Your Name

Street Address

City _____ **State** _____ **Zip** _____

Day Time Telephone Number: (____) _____

1. How long have you known the person you are writing this reference for? _____

2. How do you know this person? _____

REFERENCE REQUEST FOR: _____

3. Please give your opinion of this person's character. _____

4. What efforts have you seen this person making towards wellness or sobriety? _____

5. Please add any comments you feel are relevant about this person and his/her desire to be a foster parent: _____

6. Is there anything else you would like for us to know about this person that has not already been asked? _____

PRINT YOUR NAME

YOUR SIGNATURE

DATE
