



Clear

PERSONAL REFERENCE FOR FOSTER CARE PROGRAM

Regarding the following individuals:

Mr. _____

Mrs./Ms. _____

(The questions below are about these individuals.)

Date: _____

TO:

The individuals named in the box above have given you as a personal reference in their application for a foster home license. Please answer the questions below. Please be candid.

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The individuals named in the box above have asked the Department of Children and Families to approve them as "foster parents." Foster parents care for children whose own families are unable to care for them. The Department needs the information requested below to evaluate the ability of these individuals to act as foster parents. A child's future adjustment in the home of these individuals depends on the Department's knowing both the strengths and weaknesses of this family. The Department realizes that you may not be able to answer all of these questions.

Thank you for your cooperation. Please call me if you have any questions.

Sincerely,

Signature of Licensing Counselor

If applicable, enter "ext."
and extension number

Counselor's Telephone Number

Please answer the following questions about the individuals named in the box above. In the following questions, these individuals are called "applicants."

1. How long have you
known the applicants?

2. What is your relation-
ship to the applicants?

3. Do you think that the applicants display an attitude of willingness to work with others in approaching a problem? ☐ Yes ☐ No Why? _____

4. Would you have any misgivings in placing a member of your own family in the applicants' home for care? ☐ Yes ☐ No Why? _____

5. To the best of your knowledge, do the applicants:

a) Live within their income?..... ☐ Yes ☐ No ☐ Don't Know

b) Respect their neighbors' property rights?..... ☐ Yes ☐ No ☐ Don't Know

c) Keep up their own property?..... ☐ Yes ☐ No ☐ Don't Know

d) Disrupt the neighborhood? ☐ Yes ☐ No ☐ Don't Know

6. Describe the applicants' homemaking abilities (cooking, housecleaning, washing, etc):

7. How would you characterize the behavior of the applicants' children with respect to other children and adults?

8. How do you feel the applicants' children would react to a foster child living in their home?

9. Individual Personality: Check all that apply.

	Husband	Wife
Conscientious		
Perfectionist		
Strong-willed		
Sense of humor		
Stubborn		
Shy		
Aggressive		
Diplomatic		
Quiet		
Withdrawn		
Gossipy		

	Husband	Wife
Confident		
Stable		
Thoughtful		
Close-minded		
Opinionated		
Compulsive		
Cheerful		
Prejudiced		
Pessimistic		
Critical		
Neat		

	Husband	Wife
Nervous		
Nagging		
Likeable		
Warm		
Tolerant		
Rigid		
Flexible		
Persistent		
Mature		
Immature		

10. Are the applicants in good health? ☐ Yes ☐ No If not, explain: _____

11. Values: Do the applicants place high, medium or low value on the following? Please check.

	High	Medium	Low
Money			
Education			
Personal Property			
Religion			
Social Status			

	High	Medium	Low
Appearance (own)			
Appearance (others)			
Manners			
Achievement			

12. Do you have any additional comments concerning the applicants' suitability to provide foster care?

13. Please comment on the stability of the applicants' marriage?

Signature

Date Signed

Signature

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Date Signed

Please return this signed and completed form to: