SAFE Reference Letter

To:       Date:

**REFERENCE CONCERNING:**

Applicant Name

The above named individual has applied to our agency to become a foster parent, adoptive parent, etc. They have given us your name in order for you to provide a reference for them.

During the process of working with families who want to adopt, foster, etc., we get to know them in a certain capacity. The information you provide is crucial for us to get to know the Applicant more fully. We would appreciate it if you would answer the following questions and return the completed form at your earliest convenience. 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 end of this form.

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| **1. How long have you known the Applicant and in what capacity?** |
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| 2. Of the following characteristics, which ones best describe the Applicant? *(Check all that apply)* |
| Outgoing  Shy  Aggressive  Active  Honest  Happy  Friendly  Emotional  Responsible  Nervous  Serious  Stubborn  Supportive  Rigid  Hardworking  Calm  Moody  Involved  Confident  Flexible  Compassionate  Fun  Compulsive  Assertive  Impulsive  Careful  Sense of Humor  Other:  What are other words you would use to describe the Applicant: |

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| 3. What kind of experience has the Applicant had with children? |
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| **4. The Applicant is capable of providing love and security to a child.** |
| Strongly Agree  Agree  Somewhat agree  Disagree  Strongly disagree |

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| 5. To your knowledge, is the Applicant affiliated with any groups or organizations that  promote beliefs or values that cause you concern and/or seem incompatible with responsible  parenting? |
| Yes  No If Yes, please explain: |

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| 6. Has the Applicant ever exhibited any of the behaviors below? *(Check all that apply)* |
| Excessive use of alcohol  Poor work history  Child Pornography  Child abuse or neglect  Drug abuse  Violent behavior  Poor money management  Compulsive gambling  Inappropriate sexual behavior  Criminal activity  Pornography  Other:  Not to my knowledge |

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| 7. Has the Applicant ever experienced any of the conditions below? *(Check all that apply)* |
| Mental Illness  Anxiety  Depression  Suicidal tendencies  Developmental delays  Impaired judgement  Danger to self or others  Other:  Not to my knowledge |

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| **8. If you checked any of the behaviors/conditions in questions 6 and 7, please explain:** |
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| 9. Which of the following statements best describe the level of support the Applicant receives from their friends, family, community and religious institutions? *(Please check all that apply)* |
| Many close friends  Several close friends  Few or no close friends  Many close family contacts  Several close family contacts  Few or no family contacts  Many social contacts  Several social contacts  Few or no social contacts  Active in community  Some community involvement  No community involvement  Active in religious community  Some religious community  No religious community  involvement involvement |

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| 10. Would you feel comfortable allowing the Applicant to care for your child permanently if you  were unable to do so? |
| Very comfortable  Comfortable  Uncomfortable  Very uncomfortable |

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| 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? |
| Yes  No If Yes, please explain: |

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

Day phone number:

Evening phone number:

Cell phone number:

Your name:

Your address:

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

Thank you for your time in completing this questionnaire.

Name of person completing the home study:

Telephone Number:

Name of agency:

Address:

[Check for form updates](http://www.safehomestudy.org/downloads/versioncheck.cfm?template_pk=297&version_txt=08-14-17)