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 thatpromote beliefs or values that cause you concern and/or seem incompatible with responsibleparenting? |
| [ ]  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 youwere 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)