

REQUEST FOR REFERENCE

RETURN TO:

CONCERNING: _____

The above-named individual(s) is/are in the process of adopting a child.

Our agency has the duty of completing an adoption homestudy of this family to determine whether this family is able to provide responsible and loving care to an adopted child.

Your name has been given by the family as a reference. Please answer the following questions and return the completed form within seven days in the enclosed envelope.

Thank You

1. How long have you known this/these individual(s)? _____

2. In what capacity? _____

3. Check the boxes that best describe the personal characteristics of this/these individual(s).

Applicant 1

Applicant 2

- | | | | | | |
|--|--------------------------------------|--|--|--------------------------------------|--|
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Shy | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Understanding | <input type="checkbox"/> Shy | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Active | <input type="checkbox"/> Anxiety/Nervous | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Active | <input type="checkbox"/> Anxiety/Nervous |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Happy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sad | <input type="checkbox"/> Happy | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Emotional | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Emotional | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Funny | <input type="checkbox"/> Responsible | <input type="checkbox"/> Calm | <input type="checkbox"/> Funny | <input type="checkbox"/> Responsible | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Serious | <input type="checkbox"/> Involved | <input type="checkbox"/> Isolated | <input type="checkbox"/> Serious | <input type="checkbox"/> Involved |
| <input type="checkbox"/> Generous | <input type="checkbox"/> Supportive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Generous | <input type="checkbox"/> Supportive | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Fun | <input type="checkbox"/> Kind | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Assertive | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Careful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident | <input type="checkbox"/> Careful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Awkward | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Awkward | <input type="checkbox"/> Compassionate |
| | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Other: _____ |

4. What are the strong qualities of this/these individual(s)? _____

5. What are the limitations of this/these individual(s)? _____

6. What kinds of experiences has this/have these individual(s) had with children? _____

7. This/these individual(s) is/are very capable of providing love and security to a child. *(Check one for each person)*

Applicant 1

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

Applicant 2

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

8. To your knowledge, is/are this/these individual(s) affiliated with any cults, groups or organizations that promote beliefs which cause you concern and/or seem incompatible with responsible parenting?

- Yes No If Yes, please name: _____

9. Below, please find a list of problem behaviors. Have any of these behaviors been a problem for this/these individual(s)?

Applicant 1

- Excessive use of alcohol
- Poor work history
- Child abuse
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Deviant sexual behavior
- Mental illness
- Criminal activities
- N/A
- Other: _____

Applicant 2

- Excessive use of alcohol
- Poor work history
- Child abuse
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Deviant sexual behavior
- Mental illness
- Criminal activities
- N/A
- Other: _____

10. If you checked any of the problem behaviors listed in question #9, please elaborate on the nature of the problem and how it was dealt with: _____

