

# REFERENCE REQUEST

Date:

REPLY TO:



Facility Name:

Facility Number:

Dear

You have been given as a reference person who could help this licensing agency establish whether this applicant is qualified for licensure to operate a community care facility for the following position. Please answer those questions you can. Your thoughtful reply will help us ensure a high quality of care in our licensed facilities. Please cite specific incidents or examples whenever possible. The information provided may be made available to the subject person at his/her request under the Information Practice Act.

Applicant:

Type of Persons Served:

Type of Facility:

Requested Capacity:

1. Are there any physical or emotional limitations which could affect the applicant's performance in this job? Please specify

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2. Do you feel that the applicant has the necessary understanding, warmth and ability to provide quality care? Explain

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3. Do you feel that the applicant's education, experience and maturity equip him or her for the above position? Explain

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