

PERSONAL REFERENCE FROM THE ADULT CHILD OF THE APPLICANT(S)

CONFIDENTIAL

(Note: If there are two applicants, please comment on each applicant separately.)

If a question does not apply to the applicant, please write "N/A"

How are you related to each applicant? (Example: biological child, stepchild, grandchild, other)

Applicant #1's Name _____ **Relationship** _____

Applicant #2's Name _____ **Relationship** _____

1. How would you describe your upbringing with the applicant(s)? What did you like? What did you dislike?

Applicant #1 _____

Applicant #2 _____

2. With whom did you live with until adulthood? How old were you when you left home? Under what circumstances did you leave?

3. What do you believe are each of your parent's strengths? Weaknesses?

Applicant #1 _____

Applicant #2 _____

4. What forms of discipline were used in your home and who was the disciplinarian?

Applicant #1 _____

Applicant #2 _____

5. Do you feel that you were abused or neglected in any way? Were you a victim of domestic violence? Explain.

6. How often do you spend time in your parents' home or with your parents?

7. How do you feel about your mom and/or dad becoming foster/adoptive parents? Explain.

Applicant #1

Applicant #2

8. What role do you see yourself having in the care of a foster/adoptive child?

9. Do you think your parents have good parenting skills? Why or why not?

Applicant #1

Applicant #2

10. Do you think your parents have a good marriage? Why or why not?

11. Would you recommend your mom and/or dad as a foster/adoptive parent and/or parents? WHY or WHY NOT?

Applicant #1

Applicant #2

Reference's Signature

Date

Print Your Name

Phone Number with Area Code

Street Address

City, State, Zip Code

Please **do not** return reference questionnaire to applicant. Reference questionnaire forms **must be** mailed/faxed/scanned directly to:

Denise Gwinnup
Summit County Children Services
264 South Arlington Street
Akron, OH 44306-1354
FAX: (330) 379-1924
dgwinnup@summitkids.org

