

PERSONAL REFERENCE FOR FOSTER CARE/ADOPTION APPLICANT(S)

CONFIDENTIAL

*(Note: If applicant is a single applicant, use "Applicant #1" only.)
If a question does not apply to the applicant, please write "N/A"*

APPLICATION FOR:

Foster Care

Adoption

Foster and Adoption

Applicant #1 _____ **Applicant #2** _____

1. How long have you known each applicant and what is the nature of your relationship?

Applicant #1 _____

Applicant #2 _____

2. Describe the personality of each applicant (i.e. friendliness, persistence, flexibility, ability to set limits, responsibility, commitment, how they handle stress, communication ability).

Applicant #1 _____

Applicant #2 _____

3. Describe the children, if any, in the home. How do they relate to their parents, friends, each other and school?

4. For married applicants or applicants that will be co-parenting, please describe their marriage/relationship. If the applicant is single, describe their dating or relationships. What are their relationship strengths? What have been their relationship challenges? How have they resolved conflict? How do they support each other?

5. What have been your observations of each of the applicant's parenting abilities? What is their relationship with their children? (Include adult children.) What has been the quality of their nurturing, supervision, daily care of the children? What forms of discipline have you observed being used by each applicant? Please give examples.

Applicant #1 _____

Applicant #2 _____

6. Have the applicant(s) discussed their desire to become foster/adoptive parents with you? What do you believe to be their motivations?

7. What would you say has been the most stressful time for each applicant, and how well did they handle this period of time?

Applicant #1 _____

Applicant #2 _____

8. How well do you feel each applicant relates to others (i.e., are they reserved, do they tend to stick to themselves, do they mix well with others)?

Applicant #1 _____

Applicant #2 _____

9. What *personal limitations or weaknesses* do you believe will prevent *each* applicant from being a successful foster/adoptive parent to an abused/neglected child who may have special emotional or physical needs?

Applicant #1 _____

Applicant #2 _____

10. Are you aware of any issues/problems in the family that could interfere with either applicant's ability to care for a foster/adoptive child? (i.e., medical issues, poor judgment, rigidity, lack of patience, dislike of parenting responsibilities, family conflicts, immaturity, gambling, use of drugs/alcohol, domestic violence, pornography or sexual deviancy, mental illness, criminal activity, etc.) Please describe/explain. (*Use back of page for more space.*)

11. Please feel free to make any additional comments you believe to be important. *(Use back if needed.)*

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
Placement and Permanency Planning
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