

## ADULT CHILD REFERENCE QUESTIONNAIRE

RE: \_\_\_\_\_  
Name of Applicant(s)

Your parent(s) provided your name as a personal reference as part of an application to become a foster/adoptive parent for our agency. Our agency considers personal references to be a critical part of the family assessment. Please respond honestly. Your information is important to us for several reasons:

•*We need to determine if your parent(s) will be successful foster/adoptive parents.* When a child is placed into a foster/adoptive home, s/he needs security, affection, good physical care, education and nurturing. The foster/adoptive family must possess the ability to handle stress constructively, work as a part of a team, advocate for the child's special needs, use non-physical discipline and make a commitment to the child.

•*We need help getting to know your family better.* Tell us about their strengths and limitations related to their potential as foster/adoptive parents. Should you need additional space, feel free to attach more pages or use the back of the form.

*Your information is confidential and will not be shared with your parent(s).* The Home Study Assessor completing the family assessment may call you for clarification or more information.

**Please return the completed Reference Questionnaire directly to Caring for Kids, Inc. as soon as possible. Reference Questionnaires can be mailed, faxed or scanned. Both the agency and the family appreciate your prompt attention to this very important questionnaire.**

Thank you for your time, insight and effort in completing the following reference form. Please call (330) 928-0044 if you have any questions or concerns.

Sincerely,

Caring for Kids, Inc.  
650 Graham Rd., Suite 101  
Cuyahoga Falls, OH 44221

**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** \_\_\_\_\_

**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.**

\_\_\_\_\_  
\_\_\_\_\_

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**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**

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**Applicant #2**

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Reference's Signature

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Date

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Print Your Name

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Phone Number with Area Code

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Street Address

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City, State, Zip Code

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

**Caring for Kids, Inc.  
650 Graham Rd., Suite 101  
Cuyahoga Falls, OH 44221  
ATTN: SCCS Paperwork  
Email: [michelle@cfkadopt.org](mailto:michelle@cfkadopt.org)**