264 S. Arlington Street · Akron, Ohio 44306-1354 · Phone (330) 379-9094 · Fax (330) 379-1901 · Hotline (330) 434-5437 · summitkids.org

CURRENT EMPLOYER REFERENCE

RE:
(Applicant's name)
To Whom It May Concern:
The above-named employee has applied to Summit County Children Services to be a foster/adoptive parent for children who have been abused or neglected. An employer reference is a necessary part of the home study process.
We are requesting your time and thought in completing the attached Reference Form. Please return the form to Caring for Kid Inc. by mail, fax or scan. If you have any questions, please feel free to call Caring for Kids, Inc. (330) 928-0044, Monday throug Friday, between the hours of 8:30am – 4:30pm. All information shared is confidential and will not be shared with the applicant(s).
Thank you for your cooperation on behalf of the above-named applicant(s). I look forward to your prompt reply.
Sincerely,
Carina lar Kids Inc

Caring for Kids, Inc. 650 Graham Rd., Suite 101 Cuyahoga Falls, OH 44221 michelle@cfkadopt.org

Rev. 4/5/19 See other side

Confidential Current Employer Reference Form

COI	MPANY NAME:	<u></u>	
ADI	DRESS:		
AP	PLICANT'S NAME:	<u> </u>	
Info	rmation needed from Employer before consider	ring a family for foster care or adoption.	
I.	Length of time employed:	<u></u>	
II.	Type of employment:	<u> </u>	
III.	Monthly earnings:		
IV.	Is the applicant covered by retirement or other in	nsurance by your company?	
V.	Employer's evaluation of the applicant's work re	ecord, character, personality:	
VI.	Does the employer know the applicant well enoughife, his/her reputation in the community, his/her	r capacity to parent?	
VII.	Do you know of any reason why you could not parent?	t recommend this applicant to be a foster or adoptive	
Sign	ed:	Date:	
Prin	t:	Please return completed reference to: Caring for Kids, Inc.	
Title	»:	ATTN: SCCS Paperwork	

Email: michelle@cfkadopt.org