

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PERSONAL REFERENCES

One form is to be completed for each applicant

APPLICANT'S NAME:

The above-named applicant has applied to:
to become a foster/adoptive parent. As part of the application process, we are required to obtain feedback about the applicant. Your name has been provided by the applicant as a personal reference. Please complete the information below and return in the self-addressed stamped envelope or email to:

no later than ____ / ____ / ____ . If you have any questions, feel free to contact:

REFERENCE INFORMATION:

Reference name:

Address:

Telephone number:

Email address:

What is your relationship with the applicant?

How long have you known the applicant?

PLEASE DESCRIBE THE APPLICANT'S:

Character and judgement:

Habits and reputation:

Ability to manage financial resources:

Capacity to develop meaningful relationship with children:

DESCRIBE BELOW IF YOU HAVE ANY CONCERNS ABOUT THE APPLICANT'S ABILITY TO BE A FOSTER PARENT AND ANY OTHER COMMENTS.

Thank you for your time. Please sign and date below:

SIGNATURE: X	DATE: / /
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