



REQUEST FOR PERSONAL REFERENCE STATEMENT FOR FOSTER FAMILY HOME LICENSE APPLICANTS

State Form 53203 (R2 / 1-11) / CW 3419
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The licensing worker will send this form to the applicant's reference. The reference must complete this form and return it to the licensing worker. The licensing worker will place in file.

Name of Applicant A	Name of Applicant B	Date (month, day, year)
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The above-named applicant(s) has applied to the Department of Child Services to become licensed as a foster parent for a child(ren) under the care and supervision of this agency. Your name has been given as a personal reference. Please complete the following questionnaire, sign and return it per the instructions at the bottom of this form within five (5) business days. A pre-addressed envelope is enclosed. Your honest responses are in the best interest of the applicant(s) and of any potential foster children who might be placed in the home. Please feel free to use the reverse side of the form or additional paper for your response.

Thank you for your assistance in this very important matter. I look forward to receiving your response.

Question	Applicant A	Applicant B
How long have you known this person?		
How have you known this person?		
How often do you have contact with this person?		
What would you say about this person's personal character (including integrity, honesty, ability to nurture)?		
What would you say about this person's social behavior habits (including use of alcohol / drugs and/or other behaviors that would/would not be in the best interest of children)?		
What would you say about this person's physical health?		
What would you say about this person's emotional stability?		
To your knowledge, has this person ever been convicted of a crime?	☐ Yes ☐ No	☐ Yes ☐ No
Would you want this person to care for your children?	☐ Yes ☐ No	☐ Yes ☐ No
Does this person appear to manage personal and financial affairs adequately?	☐ Yes ☐ No	☐ Yes ☐ No
Would you recommend placement of a child or children in this home?	☐ Yes ☐ No	☐ Yes ☐ No
Do you think this person would make an effective foster parent?	☐ Yes ☐ No	☐ Yes ☐ No
Please explain your answer. Any additional information or comments would be genuinely appreciated.		

Signature	Date (month, day, year)
Address (number and street, city, state, and ZIP code)	
Printed or typed name	Telephone number (home / work / cellular) ()

Please return to:
Attention licensing worker: