

FOSTER PARENT REFERENCE LETTER

Name of Reference: _____

Address: _____

Telephone: _____

_____ has applied to be a foster parent with our agency and has given your name as a reference. Below is a signed consent for our inquiry to release information regarding this person. Please complete the following and return it in the envelope provided. The information you give is confidential and will not be shared with the applicant.

I authorize you to make a written request to receive the below detailed information concerning my personal references, previous employment, and current employment.

_____ Signature of Applicant	_____ Date
_____ Signature of Applicant	_____ Date

Krista Foster Homes is a non-profit Christian agency that provides foster homes to emotionally and behaviorally challenged children and teens. It is very important for us to receive your assessment of the above person(s) to aid us in effective decision making re. this person/family. We appreciate your time in completing this evaluation as honestly as possible.

THE INFORMATION BELOW WILL BE KEPT STRICTLY CONFIDENTIAL

1. How long have you known the applicant(s)? _____

2. What is your relationship with the applicant(s)? _____

3. Stability of applicant's marriage or closest relationship:

Very Stable _____ Fairly Stable _____ Somewhat Stable _____

Very Unstable _____ Currently Stable _____ Currently Divorced _____

4. Applicant's relationship with their own children:

HIS: Excellent_____ Good_____ Fair_____ Poor_____ N/A_____ Unknown_____

HERS: Excellent_____ Good_____ Fair_____ Poor_____ N/A_____ Unknown_____

5. Applicant's relationship with children in general:

HIS: Impatient____ Well liked____ Friendly____ Disciplinarian____ Understanding____

Unpredictable____ Other____ Describe: _____

HERS: Impatient____ Well liked____ Friendly____ Disciplinarian____ Understanding____

Unpredictable____ Other____ Describe: _____

6. How would you rate the applicant's friendships?

HIS: Many Friends_____ Few Friends_____ Constantly Changing_____ No Friends_____

1 or 2 close____ Incapable of lasting friendships_____

HERS: Many Friends_____ Few Friends_____ Constantly Changing_____ No Friends_____

1 or 2 close____ Incapable of lasting friendships_____

7. What is the applicant's employment stability?

HIS: Very Stable____ Fairly Stable____ Somewhat Stable____ Unstable____

HERS: Very Stable____ Fairly Stable____ Somewhat Stable____ Unstable____

8. Do you think this/these applicants will follow through as foster parents on a long term basis?

Definitely_____ Probably_____ Doubtful_____

9. Applicant's ability to adapt to changing situations?

HIS: Very Adaptable____ Fairly Adaptable____ Problems Adapting_____

HERS: Very Adaptable____ Fairly Adaptable____ Problems Adapting_____

10. How would you rate the ability of the applicant to accept directions and supervision from a social worker?

HIS: Readily Accepts_____ Generally Accepts_____ Doesn't Like Supervision_____

HERS: Readily Accepts_____ Generally Accepts_____ Doesn't Like Supervision_____

11. If you have any additional information that you feel would be helpful to us, please fill it in below, or if you would like to discuss any information with us, please list your phone numbers so we may contact you.

12. Circle as many of the following as describe the applicant:

HIM: domineering aggressive unsociable lacks-confidence impatient nervous
cooperative rigid overly-dependent moody friendly independent opinionated
hot-tempered secure defensive good-listener well-adjusted easily-upset stern happy
unhappy confident stable intolerant unreliable undependable patient easy-going
impulsive good-decision-maker

HER: domineering aggressive unsociable lacks-confidence impatient nervous
cooperative rigid overly-dependent moody friendly independent opinionated
hot-tempered secure defensive good-listener well-adjusted easily-upset stern happy
unhappy confident stable intolerant unreliable undependable patient easy-going
impulsive good-decision-maker

13. Do you know any reason why either applicant should not serve as a foster parent? _____

14. Do these applicants have, to the best of your knowledge, a drinking problem or a drug problem? _____

15. Would you have any reservations in placing the responsibility of your child with this person or family? _____

16. What can you tell us about the applicant's Christian faith? _____

Please call me at: Home: _____ **Business:** _____

Additional information or comments: _____

Please sign your name and return in the enclosed envelope. Thank you very much for your help.

Signature **Date**