

SAFE Reference Form

To:

Date:

REFERENCE CONCERNING:

Applicant #1
Applicant #2

The above named individual(s) have applied to our agency to become foster parents, adoptive parents, etc. In making these determinations, it is very helpful to have information from individuals who know the applicant(s) well.

Your name has been given as a reference. We would appreciate it if you would answer the following questions and return the completed form at your earliest convenience. If you have questions about this request or prefer to speak with me directly, I can be reached at the phone number listed at the end of this form.

1. How long have you known the applicant(s) and in what capacity?

2. Of the following characteristics, which ones best describe the applicant(s)? (Check all that apply)

Applicant #1		Applicant #2	
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active
<input type="checkbox"/> Honest	<input type="checkbox"/> Happy	<input type="checkbox"/> Honest	<input type="checkbox"/> Happy
<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional	<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional
<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous	<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous
<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid	<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid
<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm
<input type="checkbox"/> Moody	<input type="checkbox"/> Involved	<input type="checkbox"/> Moody	<input type="checkbox"/> Involved
<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible	<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun
<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive	<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful
<input type="checkbox"/> Sense of Humor	<input type="checkbox"/> Other:	<input type="checkbox"/> Sense of Humor	<input type="checkbox"/> Other:

3. What kind of experience has each applicant had with children?

4. The applicant(s) is/are capable of providing love and security to a child. (Check one for each person)

Applicant #1

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

Applicant #2

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

5. To your knowledge, is/are the applicant(s) affiliated with any groups or organizations that promote beliefs or values that cause you concern and/or seem incompatible with responsible parenting?

- Yes No If Yes, please explain:

6. Have any of the problem behaviors or conditions listed below been a problem for the applicant(s)?

Applicant #1

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activity
- Depression and/or suicidal tendencies
- Pornography
- Other:

Applicant #2

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activity
- Depression and/or suicidal tendencies
- Pornography
- Other:

7. If you checked any of the problem behaviors listed in question #6, please elaborate on the nature of the problem and how it was dealt with:

8. This is a compatible couple with a strong, loving and stable relationship. (Please check one)

- N/A Strongly agree Agree Somewhat agree Disagree Strongly disagree

9. Which of the following statements best describe the level of support the applicant(s) derive(s) from their friends, family, community and religious institutions? (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Many close family contacts | <input type="checkbox"/> Several close family contacts | <input type="checkbox"/> Few or no family contacts |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active in community | <input type="checkbox"/> Some community involvement | <input type="checkbox"/> No community involvement |
| <input type="checkbox"/> Active in religious community | <input type="checkbox"/> Some religious community involvement | <input type="checkbox"/> No religious community involvement |

10. Would you feel comfortable allowing the applicant(s) to care for your child permanently if you were unable to do so?

- Very comfortable Comfortable Uncomfortable Very uncomfortable

11. Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the applicant(s)?

- Yes No If Yes, please explain:

12. It would be helpful to us to know whether you plan to discuss the contents of your reply with the applicant(s).

- I plan to discuss the contents of my reply. I have discussed the contents of my reply.
 I do not plan to discuss the content of my reply.

13. Please provide a phone number for us to contact you if we have any further questions.

Day phone #

Evening phone #

Cell phone #

Signature

Date

Name

Thank you for your time in completing this questionnaire.

Name of person completing the home study:

Telephone Number:

Address:

[Check for form updates](#)