

# SAFE Reference Letter

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To:

Date:

## REFERENCE CONCERNING:

Applicant Name

The above named individual has applied to our agency to become a foster parent, adoptive parent, etc. They have given us your name in order for you to provide a reference for them.

During the process of working with families who want to adopt, foster, etc., we get to know them in a certain capacity. The information you provide is crucial for us to get to know the Applicant more fully. 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 and in what capacity?

### 2. Of the following characteristics, which ones best describe the Applicant? *(Check all that apply)*

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

What are other words you would use to describe the Applicant:

### 3. What kind of experience has the Applicant had with children?

**4. The Applicant is capable of providing love and security to a child.**

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

**5. To your knowledge, is the Applicant 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. Has the Applicant ever exhibited any of the behaviors below? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Excessive use of alcohol      | <input type="checkbox"/> Poor work history      |
| <input type="checkbox"/> Child Pornography             | <input type="checkbox"/> Child abuse or neglect |
| <input type="checkbox"/> Drug abuse                    | <input type="checkbox"/> Violent behavior       |
| <input type="checkbox"/> Poor money management         | <input type="checkbox"/> Compulsive gambling    |
| <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Criminal activity      |
| <input type="checkbox"/> Pornography                   | <input type="checkbox"/> Other:                 |
| <input type="checkbox"/> Not to my knowledge           |   |

**7. Has the Applicant ever experienced any of the conditions below? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Illness           | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Depression               | <input type="checkbox"/> Suicidal tendencies |
| <input type="checkbox"/> Developmental delays     | <input type="checkbox"/> Impaired judgement  |
| <input type="checkbox"/> Danger to self or others | <input type="checkbox"/> Other:              |
| <input type="checkbox"/> Not to my knowledge      |  |

**8. If you checked any of the behaviors/conditions in questions 6 and 7, please explain:**

**9. Which of the following statements best describe the level of support the Applicant receives 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 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?**

- Yes       No      If Yes, please explain:

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

Day phone number:

Evening phone number:

Cell phone number:

Your name:

Your address:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your time in completing this questionnaire.

Name of person completing the home study:

Telephone Number:

Name of agency:

Address:

[Check for form updates](#)