

Adult Foster Home Confidential Reference Request

Dear _____:

An application has been filed with Department of Human Services, Developmental Disabilities Licensing Unit by _____ to be an Adult Foster Home provider. You have been listed as a reference. We would appreciate your complete response to the questions below. If necessary, please include additional pages. Your statements will be held in strict confidence.

Thank you for assisting us in objectively considering this applicant for being an Adult Foster Home Provider. We would appreciate it if you could return this to us, as soon as possible, at the address listed below.

If you have any questions, or need assistance in completing this form, please call:

AFH licensor: Dyan Campbell at: 541-682-2084
 Mollie Thornton 541-682-7472

CDDP Address: 125 E 8th Ave Eugene, OR 97401

1. What is your occupation? _____
2. How long have you known the applicant (*years or months*)? _____
3. What is your relationship to the applicant? _____
4. How do you see people with developmental disabilities fitting into this home?

5. From your observations, how does the applicant get along with and relate to adults with developmental disabilities?

6. Do you think the applicant is responsible, stable and emotionally mature?
 Yes No (*If yes, please explain*)

7. Do you think the applicant has the capacity to meet the mental, physical and emotional needs of adults with developmental disabilities in Foster Care?
- Yes No *(If yes, please explain)*
8. How does the applicant react in crisis?
9. From your observations, what type of discipline techniques does this applicant use with adults with developmental disabilities?
10. Do you know of any characteristics this applicant may have, both positive and negative, which could affect his/her ability to care for an adult with developmental disabilities? *(I.e. extravagant, understanding, realistic, etc.)*
11. What experience and/or skills do you know the applicant to have in working with adults with developmental disabilities?
12. Are you aware of any habits or vices of the applicant that would affect the applicant's abilities to provide foster care for adults with developmental disabilities? *(Alcohol, drugs, etc)*

13. Do you think the applicant would be a good foster provider?

Yes No *(If yes, please explain)*

14. Do you have any additional comments about the applicant that would be appropriate in determining suitability for providing foster care?

Signature

Date

Print name here

Phone number

Email address