

Reference for an Adoptive Applicant

Reference checks must be completed on individuals who have applied to become adoptive applicants. They are an essential part of the Homestudy process, and help determine the suitability of the applicant(s) to adopt. References are asked to fill out the following form and return it to the Independent Practitioner listed on the last page. Please be aware that you may be contacted by phone, or asked to meet in person, regarding your reference. Your answers will remain confidential, and will only be discussed with the applicants in the larger context of the Homestudy process. It is important that you are as complete as possible in answering your questions. Please attach extra pages if required.

Applicant Name		Applicant Name	
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Reference Name(s)		Telephone	
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Describe your relationship to the applicants stating how long you have known them and in what capacity.

Please describe each applicant, noting such things as their personal characteristics or your knowledge of their reactions to new or stressful situations.

If the applicants are in relationship (e.g., marriage, common-law, etc.), then please comment on their relationship, making reference to such things as their style of communication, stability, problems they have encountered and how they have resolved them. If the applicant is single, then please make reference to any current (e.g., outside of the home) relationships, or past ones.

Describe what you have learned or observed about the applicants' interaction with children.

Please comment on the applicants' social life and community interests or activities.

Please describe the relationships that the applicants have with their immediate and extended family members, friends and coworkers.

Please comment on the applicants' use of tobacco, alcohol or drugs.

Are there any further comments you wish to make about the applicant(s)?

Would you recommend the applicant(s) as adoptive parents? If you are a parent, what consideration would you give for leaving your own child with them if the need arose?

References are asked to sign below.

Please return this document to the Independent Practitioner listed below by _____
Date

Worker: _____

Address: _____

Signature

Date