

FOR FILING PURPOSES NAME OF APPLICANT(S): AGENCY NAME:
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NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
PERSONAL REFERENCE
ADOPTION ONLY

Instructions:

Home finders/agency workers: Complete **Section 1**. Each applicant must have three references that can attest to the applicant's character, habits, reputation, and personal qualifications.

Reference: Complete **Section 2** and return, as instructed by the home finder/agency worker.

SECTION 1:
NAME OF APPLICANT:
The above-named applicant has applied to: AGENCY NAME
to become an adoptive parent. As part of the application process, the agency is required to obtain feedback about the applicant. Your name has been provided by the applicant as a personal reference. Please complete the information below and return this form in the self-addressed stamped envelope or scan and email the form to: no later than ____ / ____ / _____.
If you have any questions, feel free to contact: NAME: _____ PHONE: () -

SECTION 2: REFERENCE INFORMATION
The information provided will be used to make a final determination and may be shared with the applicant. However, the source of the information will remain anonymous.
Reference name:
Address:
Telephone number:
Email address:
What is your relationship with/to the applicant?
How long have you known the applicant?
Describe your impression of the applicant
Character and judgement:
Habits and reputation:

Ability to manage financial resources:

Capacity to develop meaningful relationship with others:

Parenting style, if applicable: N/A

Describe below the qualities that you feel would contribute to the applicant's ability to be an adoptive parent. Please note any concerns that you may have.

Thank you for your time. Please sign and date below and return this form in the self-addressed stamped envelope or scan and email the form to the email address indicated in **Section 1**.

PRINT NAME:	
SIGNATURE: X	DATE: / /