

CHILDREN'S ADMINISTRATION
Respite Provider Reference Questionnaire

NAME OF APPLICANT		
NAME OF REFERENCE		
1. How long have you known the applicant?	2. What is your relationship to the applicant?	
3. How do you know the applicant and how often do you have contact with her/him?		
4. If you needed someone to care for your child, would you feel comfortable using the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?		
5. Describe how the applicant handles disagreements and settles differences.		
6. Describe how the applicant relates to children.		
7. Describe how the applicant disciplines children.		
8. Respite providers may have extensive, confidential information about foster children and their birth family history. Do you think keeping information confidential will be difficult for this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Have you ever known the applicant/s to experience problems (now or in the past) with: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Mental health issues <input type="checkbox"/> Anger <input type="checkbox"/> Violent/domestic violence <input type="checkbox"/> Chronic difficulties with work or unemployment work <input type="checkbox"/> None of the above If marked, please explain:		
10. Is there anything else you feel we should consider before approving this applicant to provide respite care?		
11. May we call you if we have questions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE	TELEPHONE NUMBER	DATE