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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)LICENSING DIVISION (LD)Adult Child Reference Questionnaire |
| NAME OF APPLICANT(S) |
| NAME OF ADULT CHILD |
| 1. How long have you known the applicant(s)?

 | 1. What is your relationship to the applicant(s)?

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| 1. Please describe your relationship with the applicant(s) both during your childhood and adulthood and how often you have contact with them.
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| 1. How do you feel about the applicant(s) becoming a foster, adoptive, or relative caregiver?
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| 1. If you needed someone to care for your child, either short or long-term, would you feel comfortable using the applicant(s)? **[ ]** Yes **[ ]** No

Why or why not? |
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| 1. Describe how the applicant(s) get along with each other and others (family and friends).
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| 1. Describe how the applicant(s) handle disagreements and settle differences. Do you recall any instances of domestic violence in your home?
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| 1. Describe how you were disciplined as a child and also how you think or have seen the applicant(s) discipline children recently.
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| 1. Were you ever abused (physical, sexual, drug / alcohol) or exposed to abuse growing up?
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| 1. Do you have any concerns about the applicant(s) physical or mental health that could affect their ability to care for a child?
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| 1. Have you ever known the applicant(s) to experience problems (now or in the past) with:

[ ]  Drugs [ ]  Alcohol [ ]  Marijuana [ ]  Mental health issues [ ]  Anger [ ]  Domestic Violence **[ ]** Chronic difficulties with work or unemployment work **[ ]** None of the aboveIf marked, please explain: |
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| 1. If you were concerned about the treatment of the children placed with the applicant(s), what would you do?
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| 1. Is there anything else you feel we should consider before making recommendations about these applicant(s)?
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| 1. We may call you if we have questions. Thank you for taking the time to complete this.
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| SIGNATURE | PHONE NUMBER | DATE |