**

### STATE OF WASHINGTON

**DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

## Licensing Division ● Street Address ● City, WA ● Zip Code

Office Phone: number ● FAX: number

Date

Reference Name

Reference Address

Reference Address

RE: **Reference Questionnaire Request**

Dear Name,

Applicant(s) has/have applied to this agency to care for a child and has/have given your name as a reference.

Since the safety and well being of children are important and because you know this family, your comments are valuable to the agency. Your response will be treated as confidential by the agency and will not be disclosed unless required by law or court order.

Enclosed is a reference questionnaire for you to complete. If you would like, this form is available electronically by going to <https://www.dcyf.wa.gov/forms?field_number_value=15-286&title> and downloading DCYF form Choose an item.. Feel free to write additional comments on the back of the form or another piece of paper.

Please return the questionnaire by Date. Enclosed is a self-addressed stamped envelope for your convenience. You may call or email me at the contact information listed below if you have any questions.

Any time you have concerns about the care and safety of a child, you may call the Department of Children, Youth, and Families toll free report line: 1-866-ENDHARM.

Thank you for your time and help.

Sincerely,

Name (Pronouns)

Title

Phone

Email