

## Foster/Resource Parent Reference Questionnaire

Name of Applicant: \_\_\_\_\_

**Please answer the questions which follow with as much information as possible, citing incidents or examples, if available. We recognize your responses are opinions made to the best of your knowledge. All responses will be kept confidential and will not be shares with the applicant.**

1. Please state your name and relationship to the applicant.

Friend/ Acquaintance  
Co-worker  
Neighbor

Church Member  
Other: \_\_\_\_\_

2. How long have you known the applicant? Please be specific.

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3. Does the applicant have any physical or emotional impalement, including substance abuse, which might affect his/her performance as a foster parent?

YES                      NO

Please Explain:

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4. Does the applicant have the necessary understanding, warmth, and overall ability to provide care to children?

YES                      NO

Please Explain:

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**A POSITIVE ATTITUDE OUTLOOK, INC.**

**Foster Family Agency**

**Motivation ~ Determination ~ The Place to Be**

**Fresno Office – 4828 N. First St., Ste. 101 \* Fresno CA \* Tel: (559) 248-2670 – Fax: (559) 248-2699**

**Bakersfield Office – 1701 Westwind Drive, Ste. 219 \* Bakersfield CA \* Tel: (661) 322-8070 – Fax: (661) 322-3220**

5. Does the applicant's education, experience, and maturity equip him/her to become a foster parent?

YES NO

Please Explain:

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6. Does the applicant possess the basic honesty and integrity to become a foster parent?

YES NO

Please Explain:

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7. Does the applicant possess the ability to supervise children?

YES NO

Please Explain:

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8. Would you allow this applicant to provide overnight care for your child or for a close relative?

YES NO

Please Explain:

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9. Overall, would you recommend the applicant as a foster care provider?

YES

NO

Please Explain:

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Additional Comments:

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PRINTED NAME

SIGNATURE

DATE

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OCCUPATION