



One Church, One Child
of Florida, Inc.

PERSONAL REFERENCE FOR FOSTER CARE OR ADOPTION PROGRAM

REGARDING THE FOLLOWING INDIVIDUALS:

Mr. _____

Mrs./Ms. _____

(The questions below are about these individuals.)

TO: _____

The individuals named in the box above have given you as a personal reference in their application for a foster home license or to adopt a child. Please answer the questions below. Please be candid.

The individuals named in the box above have asked One Church, One Child (OCOC) to approve them as “foster or adoptive parents.” Foster parent temporarily care for children whose own families are unable to care for them. Adoptive parents take children into their family permanently. OCOC needs the information requested below to evaluate the ability of these individuals to act as foster or adoptive parents. A child’s future adjustment in the home of these individuals depends on OCOC’s knowing both the strengths and weaknesses of this family. OCOC realizes that you may not be able to answer all of these questions.

Thank you for your cooperation. Please call me if you have any questions.

Sincerely,

Signature of OCOC Counselor

Counselor’s Telephone Number

Please answer the following questions about the individuals name in the box above. In the following questions, these individuals are called “applicants.”

1. How long have you know the applicant?	2. What is your relationship to the applicants?
3. Do you think that the applicants display an attitude of willingness to work with others in approaching a problem: <input type="checkbox"/> Yes <input type="checkbox"/> No Why? _____	
4. Would you have an misgivings in placing a member of your own family in the applicants’ home for care? <input type="checkbox"/> Yes <input type="checkbox"/> No Why? _____	
5. To the best of your knowledge, do the applicants:	
a) Live within their income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know
b) Respect their neighbors’ property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know
c) Keep up their own property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know
d) Disrupt the neighborhood?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know
6. Describe the applicants’ homemaking abilities (cooking, housecleaning, washing, etc.): _____	

