DIVISION OF FAMILY AND CHILDREN SERVICES

CAREGIVER REFERENCES LIST

Primary Caregiver Name: _____

Secondary Caregiver: _____

Prospective caregivers must have acceptable character references from at least three individuals, one of which must be from a family member not residing in the home. All birth and adoptive children must be contacted for a reference however; this does not count toward the family member reference requirement or toward the total number of required character references.

If either the primary or secondary caregiver has had previous foster / adoptive experience and/or was employed in a child or elder care role, references are required from the prior agency (s) and/or employer(s).

If conflicting, ambivalent or inadequate information is obtained from any reference, additional references will be required.

Please complete the questions below thoroughly and sign/date the attestation statement at the end of the form. Based on the information below and on your Prior Service Report form, the county / agency will provide you with Authorization for Release of Information forms to sign so that your personal, prior service and professional references as applicable may be contacted for a reference.

List All Living Birth / Adoptive Children (Attach additional page if necessary)

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's **Lives:** ☐ In-Home ☐ Out of Home

Provide At Least Three (3) Personal Character References (At Least One Must Be From A Family Member)

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes- Primary Caregiver's ☐ Yes- Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes- Primary Caregiver's ☐ Yes- Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes- Primary Caregiver's ☐ Yes- Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes- Primary Caregiver's ☐ Yes- Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes- Primary Caregiver's ☐ Yes- Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes- Primary Caregiver's ☐ Yes- Secondary Caregiver's

CAREGIVER ATTESTATION STATEMENT

I attest that the information provided in this report is true and accurate. I understand that purposely providing false or misleading information will impact whether or not I may be approved as a foster or adoptive parent.

Completed By Name: _____

Primary Caregiver Signature: _____ Date: _____

Secondary Caregiver Signature: _____ Date: _____

A Release of Information must be obtained from the primary and secondary caregiver as applicable to contact personal, prior service and professional references. Utilize Form 5459 R, Authorization For Release of Information.