Caregiver Reference Form

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

The Caregiver Reference Form is a self-report form for prospective caregivers to share all prior foster and adoptive history and any work experience that involved the care of children. Please complete the form thoroughly and sign and date the attestation.

For each previous agency listed, please complete and sign a Release of Information form.

Current Foster or Adoptive Service

Do you have a current application with any other foster or adoptive agency or county Department?

☐ No ☐ Yes (Which agency or county?)

_____

Are you currently a foster or adoptive parent?

☐ No ☐ Yes (For Whom?) _____

Do you currently have foster or pre-finalization adoptive placements? ☐ N/A ☐ No ☐ Yes

Have you ever been involuntarily closed by a foster or adoptive agency or county department?

☐ No ☐ Yes (If yes, with whom and when?) _____

Have you ever applied but been denied approval to foster or adopt?

☐ No ☐ Yes (With Whom?) _____

Prior Foster or Adoptive Service

Do you have any previous foster or adoptive parent service history in or out of state?

☐ No ☐ Yes If yes, List all information below. Attach an additional page if necessary.

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

Employment Experience Involving Care of Children or the Elderly

Does either caregiver have any current or previous employment involving the care of children or the elderly?

☐ No ☐ Yes If yes, list all service information below. Attach an additional page if necessary.

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Caregiver References List

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

As a prospective caregiver you 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

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

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Name: _____

Phone: _____ Email: _____

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

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Name: _____

Phone: _____ Email: _____

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

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Name: _____

Phone: _____ Email: _____

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

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Name: _____

Phone: _____ Email: _____

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

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

Name: _____

Phone: _____ Email: _____

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

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ 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.