GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Caregiver Prior Service Reference Form

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

The above named caregiver's have previously been a foster or adoptive parent with your agency.
They are in the application process to ☐ *Foster* ☐ *Adopt with our agency / department.*

Please return this form to the address listed on the attached "Release of Information" signed by the caregiver(s).

Prior Service: ☐ Foster Parent ☐ Adoptive Parent **Dates of Service:** _____ to _____

Reason for Home Closure: _____

_____

Description of Each Safety Related or Child Discipline Related Policy Violation: (include dates, corrective action plan, and results) _____

_____

Description of Each Non-Safety or Discipline Related Policy Violation (include dates, corrective action plan & results)

_____

Is there any known history of Child Protective Services investigations, if so please explain:

_____

Do you recommend this family for fostering or adopting based on their previous experience? Please explain your answer.

_____

Other Comments or Feedback (attach an additional page if necessary)

_____

Please attach the last home re-evaluation or initial home study if there were no subsequent re-evaluations.

Completed By Name: _____ Title: _____

Email: _____ Phone Number: _____

Agency / Department: _____ Date: _____