

## **CONFIDENTIAL**

## **ADOPTION REFERENCE**

Name(	s) of applicant(s):
Name o	of reference:
Mailing	g address of reference:
1.	How long have you known the applicant(s) and in what capacity?
2.	How well do you feel you know the applicant(s) and how do you feel about being asked to be a reference?
3.	Please describe applicant(s) personality, temperament, skills and abilities (include strengths and areas in which they can grow).
4.	Briefly describe what types of children they would parent most effectively.
5.	Please describe what types of children the applicant(s) might find particularly challenging.
6.	How well do you feel the applicant(s) would be able to provide an emotionally and physically safe family  Caring Adoption Associates, LLC  (484) 494-0235

www.caringadoption.com info@caringadoption.com

		Please return this form directly to:  Caring Adoption Associates  209 Cresswell Street,  Ridley Park, PA 19078	
Refere	nce signature	Date	
11.		for further information at day phone:	
10.	Please use this space for a	ny further comments.	
9.	What, if any, reservations	do you have about recommending this applicant(s) as an adoptive	parent(s)?
8.	If you were responsible fo Why or why not?	a child's future, would you want this applicant(s) to be her/his add	optive parent?
7.	If you have observed the a	pplicant(s) with children, please describe how he/she has related t	o them.

environment for an adopted child?

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