



## Adult Child Reference Questionnaire

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|--|---|
| NAME OF APPLICANT(S)   |   |
| NAME OF ADULT CHILD  |   |
| 1. How long have you known the applicant(s)?   | 2. What is your relationship to the applicant(s)? |
| 3. Please describe your relationship with the applicant(s) both during your childhood and adulthood and how often you have contact with them.  |   |
| 4. How do you feel about the applicant(s) becoming a foster, adoptive, or relative caregiver?  |   |
| 5. If you needed someone to care for your child, either short or long-term, would you feel comfortable using the applicant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Why or why not? |   |
| 6. Describe how the applicant(s) get along with each other and others (family and friends).  |   |
| 7. Describe how the applicant(s) handle disagreements and settle differences. Do you recall any instances of domestic violence in your home?   |   |
| 8. Describe how you were disciplined as a child and also how you think or have seen the applicant(s) discipline children recently.   |   |
| 9. Were you ever abused (physical, sexual, drug / alcohol) or exposed to abuse growing up?   |   |

10. Do you have any concerns about the applicant(s) physical or mental health that could affect their ability to care for a child?

11. Have you ever known the applicant(s) to experience problems (now or in the past) with:

- Drugs  Alcohol  Marijuana  Mental health issues  Anger  Domestic Violence  
 Chronic difficulties with work or unemployment work  
 None of the above

If marked, please explain:

12. If you were concerned about the treatment of the children placed with the applicant(s), what would you do?

13. Is there anything else you feel we should consider before making recommendations about these applicant(s)?

14. We may call you if we have questions. Thank you for taking the time to complete this.

\_\_\_\_\_ ( ) - \_\_\_\_\_  
SIGNATURE PHONE NUMBER DATE