



Foster Family Reference Letter and Questionnaire

Date:

Name:

Address:

City, State Zip Code

Dear: _____ :

Your name has been submitted to our agency as a reference for, (_____), who are foster/adoptive parent applicants for the Department of Children's Services/Provider Agency. The information you provide will assist us in making a decision about (_____)'s ability to care for a child in foster care or to provide an adoptive home for a child. A non-identifying summary of all reference information will be included in the home study document. A copy of this form will be maintained in the foster home case file and will remain confidential. We appreciate your completion of this questionnaire as soon as possible.

Please complete the information below and return questionnaire to:

(_____)
(_____)
(_____)

If there are any questions, please call me at (_____) - _____. Your assistance is appreciated.

Please Print. Answer each question as completely as possible. Attach additional pages if necessary.

1.	How long have you known the applicant?				
	<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 6 mos-1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 10 years or more
2.	What is your relationship to the applicant?				
3.	How often do you interact with the applicant?				
4.	If this is a two-parent home, please describe your observation of the current relationship between the parents.				

5.	If there are children in the family, please describe your observation of the parenting techniques.
6.	If there are children in the family, please describe your observation of discipline techniques.
7.	Based on your observation of the family, is there a type of child they should not parent? (<i>i.e.</i> , Anger issues, sexually promiscuous, drug user, physically abused, sexually abused, learning difficulties, mental health issues, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO
8.	In what area would this family need assistance if caring for more children?
9.	Would you feel comfortable allowing the applicant/s to care for your child/children permanently if you were unable to do so? <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Do you recommend this family as Foster Parents for Tennessee? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please write additional comments here (attach additional sheets if necessary).	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Print Name</i> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature</i> </div> </div>	

We thank you for your valuable assistance. This information will help us determine whether or not this family qualifies to be Foster Parent(s) and, if they qualify, what type of child they can best parent. If you have any questions or comments, please contact me at the phone number above.

Signature Foster Home Study Writer/Agency Staff

Title