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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD) Reference Questionnaire (Certified Respite) | |
| **Reference Questionnaire** | | |
| NAME OF APPLICANT | | |
| How long have you known the applicant? | | What is your relationship to the applicant? |
| How often do you have contact with the applicant? | | |
| If you needed someone to care for your child, would you feel comfortable using the applicant?  Yes  No  Why or why not? | | |

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| Describe how the applicant handles disagreements and settles differences. |

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| Describe how the applicant relates to children. |

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| Describe how the applicant disciplines children. |

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| Respite providers may have extensive, confidential information about children in foster care and their family of origin history. Do you think the applicant will be able to keep this information confidential?  Yes  No    If no, please explain. |

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| Have you ever known the applicant to experience problems (now or in the past) with:  Drugs  Alcohol  Marijuana  Mental health  Anger  Violence  Domestic violence  If marked, please explain: |

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| Is there anything else you feel we should consider before approving this applicant to provide respite care? |

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| **Reference Information** | |
| May we call you if we have questions?  Yes - enter your phone number:   No | |
| NAME | |
| SIGNATURE | DATE |