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|  | State_Seal3DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN (ICPC)**Reference Questionnaire for Parent Home Study** |
| NAME OF PARENT | NAME OF REFERENCE |
| 1. How long have you known the parent?

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| 1. What is your relationship to the parent?

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| 1. How do you know the parent? How often is our contact with them?

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| 1. Describe the parent’s support system (for example, family, church, friends, community services involvement, sponsor).

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| 1. How do you personally know the child(ren) the parent wants returned to their care?

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| 1. What concerns do you have for the child(ren) being placed in this household?

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| 1. Have you ever known the parent to experience problems (now or in the past) with:

 **[ ]**  Drugs **[ ]** Alcohol **[ ]** Mental health issues **[ ]** Violence / domestic violence **[ ]** Chronic difficulties with unemployment / work **[ ]**  Other Please explain: |
| 1. What struggles have you seen the parent overcome?

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| 1. Do you believe the parent is able and prepared to successfully and safely parent the child(ren) at this time? Why or why not?

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| 1. May we call you if we have questions? [ ]  Yes [ ]  No
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| SIGNATURE DATE | PHONE NUMBER (INCLUDING AREA CODE) |