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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? | | | |
| 1. What is your relationship to the parent? | | | |
| 1. How do you know the parent? How often is our contact with them? | | | |
| 1. Describe the parent’s support system (for example, family, church, friends, community services involvement, sponsor). | | | |
| 1. How do you personally know the child(ren) the parent wants returned to their care? | | | |
| 1. What concerns do you have for the child(ren) being placed in this household? | | | |
| 1. Have you ever known the parent to experience problems (now or in the past) with:   Drugs AlcoholMental health issuesViolence / domestic violence  Chronic difficulties with unemployment / work  Other  Please explain: | | | |
| 1. What struggles have you seen the parent overcome? | | | |
| 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? | | | |
| 1. May we call you if we have questions?  Yes  No | | | |
| SIGNATURE DATE | | | PHONE NUMBER (INCLUDING AREA CODE) |