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|  | | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  LICENSING DIVISION (LD) Adult Child Reference Questionnaire | | | | | | |
| NAME OF APPLICANT(S) | | | | | | | | |
| NAME OF ADULT CHILD | | | | | | | | |
| 1. How long have you known the applicant(s)? | | | | 1. What is your relationship to the applicant(s)? | | | | |
| 1. Please describe your relationship with the applicant(s) both during your childhood and adulthood and how often you have contact with them. | | | | | | | | |
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| 1. How do you feel about the applicant(s) becoming a foster, adoptive, or relative caregiver? | | | | | | | | |
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| 1. If you needed someone to care for your child, either short or long-term, would you feel comfortable using the applicant(s)? Yes No   Why or why not? | | | | | | | | |
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| 1. Describe how the applicant(s) get along with each other and others (family and friends). | | | | | | | | |
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| 1. Describe how the applicant(s) handle disagreements and settle differences. Do you recall any instances of domestic violence in your home? | | | | | | | | |
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| 1. Describe how you were disciplined as a child and also how you think or have seen the applicant(s) discipline children recently. | | | | | | | | |
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| 1. Were you ever abused (physical, sexual, drug / alcohol) or exposed to abuse growing up? | | | | | | | | |
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| 1. Do you have any concerns about the applicant(s) physical or mental health that could affect their ability to care for a child? | | | | | | | | |
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| 1. 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: | | | | | | | | |
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| 1. If you were concerned about the treatment of the children placed with the applicant(s), what would you do? | | | | | | | | |
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| 1. Is there anything else you feel we should consider before making recommendations about these applicant(s)? | | | | | | | | |
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| 1. We may call you if we have questions. Thank you for taking the time to complete this. | | | | | | | | |
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| SIGNATURE | | PHONE NUMBER | DATE |