



## FOSTER AND/OR ADOPTIVE PARENT REFERENCE (Couple/Single)

Dear \_\_\_\_\_,

Parent #1:\_\_\_\_\_ Parent #2:\_\_\_\_\_ have applied to Jonathan's Place to serve as foster and/or adoptive parents and has given your name as a reference. Our knowledge of this family is based on our working with them for a relatively short time, in connection with the application. Your longer acquaintance with this family makes your help especially valuable. You may be sure that we will consider whatever you are willing to tell us as confidential.

We would like to add that we do not expect foster and/or adopt parents to be any more perfect than birth parents, and we hope you will feel free to describe areas of improvement, as well as good qualities. Thank you in advance for your time and effort completing this form.

### Relationship to Applicant(s):

- ☐ Relative
- ☐ Non-Relative – Relationship: ☐ Clergy ☐ Neighbor ☐ School Personnel  
☐ Community Member - List Community\_\_\_\_\_

1. How long have you known this family or person?
2. How much contact do you have with them?
3. In what setting(s)?
4. How would you describe your relationship with this family? (ex. close friends, business associate, relative etc...)
5. What words describe parent #1's personality?
6. What words describe parent #2's personality?
7. What are parent #1's qualities?
8. What are parent #2's qualities?

9. How has parent #1 interacted with children in your presence?

10. How has parent #2 interacted with children in your presence?

### **Discipline Practices, Recommendation, Issues of Family Instability**

11. What forms of discipline have you seen this family or person use?

12. Would you recommend this family or person for the purpose of providing foster care or adoption? If no, explain.

13. Do you know of any evidence of instability in either of these people or person, such as martial difficulties, stress, history of mental illness, etc...\_\_\_\_\_NO \_\_\_\_\_YES, if "yes", then please explain:

#### **Additional Comments:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please return to: Jennifer Maddox at 6065 Duck Creek Drive, Garland, TX 75043

Email: [jmaddox@kidnet.org](mailto:jmaddox@kidnet.org)

Fax: 972-303-5346