

**Personal Reference Questionnaire  
CS-101f**

**PURPOSE:**

This letter/questionnaire is to be sent to a personal reference for assistance in the evaluation of a foster/relative/adoptive parent in the family assessment process.

**INSTRUCTIONS FOR COMPLETION:**

***Portion to be completed by the Resource Licensing Worker:***

**FROM:**

**Resource Licensing Worker:** Enter the name of the worker conducting the licensing process.

**Telephone:** Enter the telephone number for the Resource Licensing Worker.

**Date:** Enter the date the form is completed

**Address:** Enter the street, city and zip code of the Resource Licensing Worker.

**Agency Contact:** Enter the name of the agency contact. This may be the CD Circuit Manager or the contact for a contracted provider.

**Office Hours:** Enter the office hours for agency responsible for licensing the provider.

**To:**

**Reference Name:** Enter the name of the personal reference.

**Telephone:** Enter the telephone number of the personal reference.

**Address:** Enter the street, city and zip code of the reference.

**RE:**

**Applicants:** Enter the name(s) of the applicant(s).

***Portion to be completed by the personal reference:***

Upon completion of the above portion of this form, a copy is made and placed in the case file and the original is sent to the personal reference.

The reference completes the bottom section; signs and dates the form and sends the form back to the Resource Licensing Worker.

The signed and completed form is placed in the case file and the copy is destroyed.

**RETENTION:**

This letter/questionnaire is retained until the case file is destroyed per instruction in Section 5, Chapter 4.2 [Retention and Destruction - Other Records](#) of the Child Welfare Manual.

MEMORANDA HISTORY: CS89-28, CD10-23,