



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
EMPLOYER REFERENCE QUESTIONNAIRE

FROM	CHILDREN'S SERVICES WORKER	TELEPHONE NUMBER	DATE
	ADDRESS		
	CITY	ZIP CODE	
	, MISSOURI		COUNTY DIRECTOR
TO ▶	EMPLOYER NAME	IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE CHILDREN'S SERVICES WORKER LISTED ABOVE.	
	ADDRESS (STREET & NUMBER)		
	CITY STATE ZIP CODE		
RE ▶	APPLICANTS		

The above named family has applied to the Missouri Children's Division to serve as foster/relative/adoptive parents. In order to complete our assessment of their application, it is necessary that we obtain information about the family.

Please complete the information below in as much detail as possible and **attach a separate sheet if necessary**. Any information you can give us which will help us in evaluating this application will be appreciated. May we please have a reply at your earliest convenience.

Please use the enclosed envelope for your response.

COMPANY NAME		TELEPHONE NUMBER
ADDRESS		
I. LENGTH OF TIME EMPLOYED	II. TYPE OF EMPLOYMENT	III. MONTHLY EARNINGS
IV. PROSPECTS FOR CONTINUED EMPLOYMENT ADVANCEMENT		
V. EMPLOYER'S EVALUATION OF THE APPLICANT'S PEER RELATIONSHIPS, WORK RECORD, CHARACTER, PERSONALITY: <hr/> <hr/> <hr/>		
VI. DOES THE EMPLOYER KNOW THE APPLICANT WELL ENOUGH TO GIVE US INFORMATION REGARDING HIS/HER HOME LIFE, REPUTATION IN THE COMMUNITY, CAPACITY FOR CARING FOR A CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN <hr/> <hr/>		
FORM COMPLETED BY (EMPLOYER/PERSON RESPONDING)		DATE