

Employer Reference Questionnaire

PURPOSE:

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

NUMBER OF COPIES AND DISTRIBUTION:

This is a two-part self-carboning form. The original is sent to the employer and the copy is placed in the case file. When the employer returns the original, it is placed in the case record and the copy is destroyed.

INSTRUCTIONS FOR COMPLETION:

FROM:

Resource Licensing Worker: Enter the name of the CSW.

Telephone: Enter the telephone number of the county office.

Date: Enter the date the form is completed

Address: Enter the street, city and zip code of the county office.

Agency Contact: Enter the name of the Circuit Manager or designee.

Office Hours: Monday – Friday: Enter the hours the CSW can be contacted.

To:

Employer Name: Enter the name of the employer.

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

RE:

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

Note: The rest of the form is completed by the employer.

RETENTION:

This letter/questionnaire is retained until the case file is destroyed per instruction in the Case Record Maintenance and Access section of the Child Welfare Manual.

MEMORANDA HISTORY:

CS89-28