



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
**PERSONAL REFERENCE QUESTIONNAIRE**

<b>FROM</b>	FAMILY DEVELOPMENT SPECIALIST	TELEPHONE NUMBER	DATE
	AGENCY		
	ADDRESS	CITY	STATE MISSOURI
	CIRCUIT MANAGER/AGENCY DIRECTOR	OFFICE HOURS MONDAY-FRIDAY	
<b>TO</b> ▶	REFERENCE NAME	<b>IF YOU HAVE QUESTIONS          OR NEED ASSISTANCE IN          COMPLETING THIS FORM, PLEASE          CALL THE FAMILY          DEVELOPMENT SPECIALIST          LISTED ABOVE.</b>	
	ADDRESS (STREET AND NUMBER)		
	CITY		
<b>RE</b>	APPLICANTS		

**Please complete the information below in as much detail as possible and attach a separate sheet if necessary.**

1. HOW LONG HAVE YOU KNOWN THIS COUPLE/PERSON?	2. IN WHAT WAY HAVE YOU KNOWN THEM? (SOCIALLY, NEIGHBOR, BUSINESS, ETC.)
3. THEIR REPUTATION IN THEIR COMMUNITY IS: (PLEASE EXPLAIN ANY NEGATIVE ANSWER)	
<input type="checkbox"/> SUPERIOR <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE <input type="checkbox"/> POOR	
4. WHAT PAST EXPERIENCE HAVE THEY HAD WITH CHILDREN (THEIR OWN OR OTHERS)?	
5. WHAT TYPE OF CARE ARE THEY GIVING CHILDREN NOW IN THEIR HOME?	
6. ARE YOU FAMILIAR WITH THEIR METHOD OF DISCIPLINING? <input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU DESCRIBE THEIR METHODS?	
7. PLEASE DESCRIBE THEIR MARITAL RELATIONSHIP (EXPLAIN).	
<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE <input type="checkbox"/> POOR	
8. DO YOU KNOW OF ANY PHYSICAL, PSYCHOLOGICAL, OR BEHAVIORAL PROBLEMS WHICH MIGHT INTERFERE WITH THEIR BEING SUCCESSFUL FOSTER/RELATIVE/ADOPTIVE PARENTS? PLEASE INCLUDE COMMENTS ABOUT THEIR USE OF ALCOHOL, DRUGS, TIME, MONEY; EXTREME NERVOUSNESS, TEMPER; OR OTHER THINGS YOU THINK IMPORTANT.	
DO YOU FEEL THAT THEY WOULD BE ABLE TO: 1. Protect and nurture children in their home? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Meet children's developmental needs and address developmental delays? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Support relations between children and their families? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Connect children to safe, nurturing relationships intended to last lifetime? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Work as a member of a professional team? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCE'S SIGNATURE ▶	DATE	OCCUPATION
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