

**REFERENCE REQUEST**

This reference request should be provided to a person who has personal knowledge about your employment history, education or character and can attest to your ability to provide services. References **CANNOT** be from family members. Please fill in all of the information indicated below.

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| Applicant’s Name: |
| Applicant’s Address: Applicant’s Phone: |
| **PERSON PROVIDING REFERENCE** |
| Please complete the questions listed below keeping in mind that the services the applicant will being providing will be unsupervised in the home of the person with developmental disabilities. Your time and effort in completing this form is appreciated and strict confidentiality in regard to your responses will be observed within the provisions of the law. |
| Print Name of Reference (Last, First) |
| Address of Reference |
| Daytime phone No. Evening Phone No. |
| State the length of time you have known the applicant. Years: Months: |
| TYPE OF ACQUAINTANCE (Check all that Apply)  Supervisor Worked with applicant Friend Neighbor Other: |
| INDICATE YOUR FEELINGS ON HOW YOU BELIEVE THE APPLCIATN WILL RELATE TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. DESCRIBE YOUR KNOWLEDGE OF ANY CHARACTERISTICS AND/OR SPECIAL TRAINING/ EDUCATION/EXPERIENCES THAT THE APPLICANT MAY HAVE FOR WORKING WITH THESE INDIVIDUALS: |
| INDICATE IF YOU HAVE ANY REASON TO BELIEVE THAT THE APPLICANT WOULD NOT BE SUITED TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. |
| If the applicant was a former employee, would you rehire this person?  No Yes N/A If no, why not? |
| ADDITIONAL COMMENTS WHICH WILL HELP IN EVALUATING THIS APPLICANT SUCH AS IS THE PERSON DEPENDABLE, TRUSTWORTHY, PATIENT, KIND, OR ANY OTHER ATTRIBUTES OR EXPERIENCES YOU HAVE OBSERVED THAT WOULD INDICATE THEIR ABILITY TO ADEQUATELY PERFORM THEIR RESPONSIBLITIES IN WORKING WITH INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. |
| PERSON’S SIGNATURE PROVIDING REFERENCE DATE |
| **FOR OFFICE USE ONLY** |
| INTERVIEWED BY PHONE NO YES DATE |
| INTERVIEWER’S NAME INTERVIEWER’S SIGNATURE |

ACCENT on Family Care Services, LLC