NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REFERENCES

Child Day Care Program

Instructions:

- Please provide complete information for two people (one employment reference and one personal reference) we can contact.
- Relatives may **NOT** be used as references
- If you have been employed outside the home, please include an employer as one of your references
- Please **PRINT** clearly

PROGRAM NAME:	FACILITY ID NUMBER:
NAME:	

TYPE OF PROGRAM	**Family Day Care, Group Family Day Care and Small Day Care Centers**	**Day Care Center and School-Age Child Care**
ROLE IN PROGRAM	Provider Assistant Substitute	Director Teacher Volunteer

REFERENCE #1 (Required)

Please check appropriate reference type: Personal Employment

MR. MRS. MS.	NAME *(Last, First, MI):*		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:	STATE:	ZIP:	
DAYTIME PHONE: ( ) -	E-MAIL:		

Does reference speak English? Yes No If NO, please specify language spoken:

REFERENCE #2 (Required)

Please check appropriate reference type: Personal Employment

MR. MRS. MS.	NAME *(Last, First, MI):*		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:	STATE:	ZIP:	
DAYTIME PHONE: ( ) -	E-MAIL:		

Does reference speak English? Yes No If NO, please specify language spoken:

REFERENCE #3 (Optional)

Please check appropriate reference type: Personal Employment

MR. MRS. MS.	NAME *(Last, First, MI):*		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:	STATE:	ZIP:	
DAYTIME PHONE:	E-MAIL:		

( ) -	

Does reference speak English? Yes No If NO, please specify language spoken: