

REFERENCE REQUEST

Date:

REPLY TO:



Facility Name:

Facility Number:

Dear

You have been given as a reference person who could help this licensing agency establish whether this applicant is qualified for licensure to operate a community care facility for the following position. Please answer those questions you can. Your thoughtful reply will help us ensure a high quality of care in our licensed facilities. Please cite specific incidents or examples whenever possible. The information provided may be made available to the subject person at his/her request under the Information Practice Act.

Applicant:

Type of Persons Served:

Type of Facility:

Requested Capacity:

1. Are there any physical or emotional limitations which could affect the applicant's performance in this job? Please specify

2. Do you feel that the applicant has the necessary understanding, warmth and ability to provide quality care? Explain

3. Do you feel that the applicant's education, experience and maturity equip him or her for the above position? Explain

4. Does the applicant have the basic honesty and integrity for this position?

5. Does the applicant have the ability to supervise staff? Explain

6. In what way does the applicant have business and financial experience necessary for this position?

7. Would you place a close relative with this applicant for care?

8. Do you recommend the applicant for this position? Yes No

Comments:

Relationship to Applicant	Length of time you have known Applicant	
Signature	Occupation	Date

Attach sheet if more space needed