



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Resource Family Personal Reference Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your name has been given by \_\_\_\_\_ who is interested in the  
(Check all that apply):

- adoptive program;
- foster care program; or
- kinship program.

After the information you provide is received, some of the information may be addressed with the applicant to clarify anything that is unclear. **Your identity is kept confidential.**

1. How long have you known the applicant(s) and what is the nature of the relationship? \_\_\_\_\_

\_\_\_\_\_

2. Describe your observations of the applicant(s) with children, such as the children of friends or in the neighborhood or church.

\_\_\_\_\_

\_\_\_\_\_

3. How do you think the applicant(s) relates to the needs of children?

\_\_\_\_\_

\_\_\_\_\_

4. What characteristics have you seen that would help in working with children?

\_\_\_\_\_

\_\_\_\_\_

5. How do you think an additional child(ren) would fit into the applicant(s)' lifestyle?

\_\_\_\_\_

\_\_\_\_\_

6. If the applicant(s) has children, describe the children and their relationship with the applicant(s).

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7. What discipline methods are used?

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8. Are you aware of any problems with alcohol, drug, or substance abuse by the applicant(s)? If yes, please explain.

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9. Would you be willing to allow applicant(s) to care for a child(ren) you loved? Why or why not?

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10. What is your observation of the applicant's marital relationship? If the applicant is single, describe the applicant's social life. Does the applicant have a significant other?

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11. How well does the applicant(s) interact with his or her extended family?

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12. Do you have knowledge of the applicant's extended family? If you do, are there any concerns?

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13. Who does the applicant(s) turn to when he or she needs support?

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14. Does the applicant(s) have knowledge of community resources to go to for help? Would they utilize these resources?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Outside work or in their free time, in what other activities does the applicant(s) participate? Would this affect their caring for the child(ren)?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Have you visited the applicant's home? Do you have concerns?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Do you have any concerns about the applicant's mobility and health to adequately meet the needs of the child with age-appropriate activities?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Do you recommend the applicant(s) for placement of a child(ren)? Why or why not? Use the back of this form if additional space is needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Make any additional comments that you feel will help us evaluate the applicant(s).

\_\_\_\_\_  
Signature Date

Thank you for taking the time to provide this information. Please complete and return this letter within **two weeks** after receipt. If you wish to speak to the worker regarding this family please contact:

OKDHS or contract representative	Area code	Phone
County or agency represented	Completed by: Phone <input type="checkbox"/> Face-to-face <input type="checkbox"/> Mailed <input type="checkbox"/>	

\_\_\_\_\_  
OKDHS or contract representative signature Date