

PERSONAL REFERENCE LETTER
Michigan Department of Human Services

Dear _____ :

Our agency is responsible for placing children for adoption with families. _____ has/have applied to adopt a child/children and we wish to give him/her/them careful consideration. Please help us by answering some brief questions and returning this form in the enclosed envelope to the adoption worker listed at the end of this form.

What is your relationship to the applicant(s) (e.g. neighbor, employer, friend, teacher, etc.)? How long and how well have you known him/her/them?

What observations have you made as to the person(s) ability to parent a child?

Do you have any concerns about their ability to care for a child? If so, please explain:

How does /he/she/they get along with people? (family members, people in the community, etc.)

Would you recommend him/her/them as an adoptive parent(s)? Why or Why not?

Additional comments or concerns.

Signature of Person Giving Reference			Date
Address			
City	State	Zip Code	
Day Time Telephone Number (Include Area Code)		Home Telephone Number	

Thank you for your assistance,

Adoption Worker's Signature		Printed Name	Date
Agency Name			
Agency Address			
Adoption Worker's Telephone Number		Fax Number	

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.