

OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Date: __

Resource Family Reference Letter for an Employer

Dear	;					
or pre	rt of the resource family approval process, a reference from the applicant's current evious employer or direct supervisor or, if self-employed, a customer, is required. name has been given by who is sted in the (Check all that apply):					
	 adoptive program; foster care program; kinship program. 					
	the information you provide is received, some of the information may be addressed ne applicant to clarify anything that is unclear. Your identity is kept confidential.					
How long have you known the applicant?						
2.	2. Do you only have a work-related knowledge of the applicant or do you know th applicant personally?					
3.	Does the applicant speak positively about family and children? Yes \(\scale \) No \(\scale \)					
4.	Does the applicant have child-related duties? Yes No					
	If so, please describe the applicant's job duties, the relationship and ability to work with children and their families.					
5.	What pertinent or specific information do you know about the applicant's parenting ability and their ability to provide care to another person's child?					

6.	Has applicant displayed concerning behaviors? If yes, how?				No 🗌	
7.	7. Do you have concerns of alcohol or substance abuse by applicant? Yes No If yes, explain.					
8.	Have you visited the applicant's home?	?				
9.	9. Would you recommend them to foster or adopt?				No 🗌	
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 Phone	by: Face-to-face	☐ Maile	ed 🗌	
OKDHS or contract representative signature			Date			