



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Resource Family Reference Letter for an Employer

Date: _____

Dear _____:

As part of the resource family approval process, a reference from the applicant's current or previous employer or direct supervisor or, if self-employed, a customer, is required. 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? _____
2. Do you only have a work-related knowledge of the applicant or do you know the applicant personally?

3. Does the applicant speak positively about family and children? Yes ☐ No ☐

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? Yes ☐ No ☐
If yes, how?

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. Would you recommend them to foster or adopt? Yes ☐ 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 by: Phone <input type="checkbox"/> Face-to-face <input type="checkbox"/> Mailed <input type="checkbox"/>	

OKDHS or contract representative signature

Date