NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES



Assistant References

INSTRUCTIONS



- Family members may not be used as references
- Please provide complete information for three people we can contact as references
- If you have been employed outside the home, please include your previous employer as one of your references
- Please print clearly.

Applicant Name:	Assistant Name:			
Reference #1				
Please check appropriate reference type: Personal	☐ Employment			
☐ Mr. ☐ Mrs. ☐ Ms.	,			
NAME:				
LAST		FIRST		MI
BUSINESS NAME:				
ADDRESS:				APT #:
				FLOOR:
				FLOOR.
CITY:	STATE:	ZIP CODE:	DAYTIME PHO	NE:
			()	
DOES REFERENCE SPEAK ENGLISH? ☐ YES ☐ NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN:				
Reference #2				
Please check appropriate reference type: Personal	☐ Employment			
☐ Mr. ☐ Mrs. ☐ Ms.				
NAME:				
LAST		FIRST		MI
BUSINESS NAME:		TIKOT		IVII
				1
ADDRESS:				APT #:
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DOES REFERENCE SPEAK ENGLISH? YES NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN: Reference #3		ZIP CODE:	()	INE:
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DOES REFERENCE SPEAK ENGLISH? YES NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN: Reference #3 Please check appropriate reference type: Personal Mr. Mrs. Ms. NAME:			()	
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DOES REFERENCE SPEAK ENGLISH? YES NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN: Reference #3 Please check appropriate reference type: Personal Mr. Mrs. Ms. NAME: LAST BUSINESS NAME:				MI
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Renewal NYS GFDC Facility