

REFERENCE FORM FOR PERSON SEEKING ASSOCIATION WITH HOME

REFERENCE TYPE (Select one or both): EMPLOYER and/or CHARACTER

Name of Assisted Living Home & Phone _____

This is a reference for _____ of _____,
Name of Applicant Address of Applicant

_____ whom I have known for _____ in the capacity of _____
City State Year(s) Month(s)

_____ for employment with _____
(Friend, Co-Worker, Employer, etc.) NOT A RELATIVE Name of Home

I know this person: Very Well Casually Not Well Enough to Give a Reference

Please answer the following questions:

1. Can you attest to the good character, maturity, and sound judgment of the applicant? Yes No

If No, please explain: _____

2. How would you assess the applicant's ability to provide good care to the disabled or elderly adult?
Check one: Excellent Good Fair Poor

3. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the disabled or elderly:

4. If a vulnerable adult needed placement in an assisted living home, how would you feel about the applicant taking care of him/her?

Very Enthusiastic Somewhat Enthusiastic Worried Wouldn't Want

Comments: _____

Print Name of Reference Signature of Reference Date Area Code Telephone Number

Address of Reference City State Zip Code