

# La Familia Inc.

"The Children's Safety Net"

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To:

Date:

**REFERENCE CONCERNING:**

**(Applicant # 1)** \_\_\_\_\_ **(Applicant # 2)** \_\_\_\_\_

My name is \_\_\_\_\_ and I am \_\_\_\_\_. I am currently in the process of completing a home study for the \_\_\_\_\_ named above who have/has applied to \_\_\_\_\_. Your name has been given to us as a reference.

My task is to determine if families are ready, willing and able to become viable resources for children in need of \_\_\_\_\_. Parenting such children can be a very challenging as well as rewarding experience. In making these determinations, it is very helpful to have information from individuals who know the applicants well.

We would appreciate it if you would answer the following questions and return the completed form to us by \_\_\_\_\_. If you have questions about this request or prefer to speak with me directly, I can be reached at the phone number listed at the bottom of this form.

**1. How long have you known the applicant(s) and in what capacity?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Of the following characteristics, which ones best describe the applicant(s)? (Check all that apply)**

**Applicant #1 Name**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Outgoing      | <input type="checkbox"/> Shy       |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Active    |
| <input type="checkbox"/> Honest        | <input type="checkbox"/> Happy     |
| <input type="checkbox"/> Friendly      | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible   | <input type="checkbox"/> Nervous   |
| <input type="checkbox"/> Serious       | <input type="checkbox"/> Stubborn  |
| <input type="checkbox"/> Supportive    | <input type="checkbox"/> Rigid     |
| <input type="checkbox"/> Hardworking   | <input type="checkbox"/> Calm      |
| <input type="checkbox"/> Moody         | <input type="checkbox"/> Involved  |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Flexible  |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun       |
| <input type="checkbox"/> Compulsive    | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive     | <input type="checkbox"/> Careful   |
| <input type="checkbox"/> Other: _____  |                                    |

**Applicant #2 Name**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Outgoing      | <input type="checkbox"/> Shy       |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Active    |
| <input type="checkbox"/> Honest        | <input type="checkbox"/> Happy     |
| <input type="checkbox"/> Friendly      | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible   | <input type="checkbox"/> Nervous   |
| <input type="checkbox"/> Serious       | <input type="checkbox"/> Stubborn  |
| <input type="checkbox"/> Supportive    | <input type="checkbox"/> Rigid     |
| <input type="checkbox"/> Hardworking   | <input type="checkbox"/> Calm      |
| <input type="checkbox"/> Moody         | <input type="checkbox"/> Involved  |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Flexible  |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun       |
| <input type="checkbox"/> Compulsive    | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive     | <input type="checkbox"/> Careful   |
| <input type="checkbox"/> Other: _____  |                                    |

3. What kind of experience has each applicant had with children?

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4. The applicant(s) is/are capable of providing love and security to a child.  
(Check one for each person)

**Applicant #1 Name**

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

**Applicant #2 Name**

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

5. To your knowledge, has/have the applicant(s) engaged in activities, or do you believe the applicant(s) might engage in activities, that are incompatible with responsible parenting?

Yes  No If Yes, please name: \_\_\_\_\_

6. Have any of the problem behaviors or conditions listed below been a problem for the applicant(s)?

**Applicant #1 Name**

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activities
- Depression and/or Suicidal tendencies
- Pornography
- Other: \_\_\_\_\_
- None of the above

**Name of Applicant #2 or N/A #2 Name**

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activities
- Depression and/or Suicidal tendencies
- Pornography
- Other: \_\_\_\_\_
- None of the above

7. If you checked any of the problem behaviors listed in question #6, please elaborate on the nature of the problem and how it was dealt with:

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8. **This is a compatible couple with a strong, loving and stable relationship. (Please check one)**

N/A  Strongly agree  Agree  Somewhat agree  Disagree  Strongly disagree

9. **Which of the following statements best describe the level of support the applicant(s) derive(s) from their friends, family, community and religious institutions? (Please check one)**

High level of support  Moderate level of support  Low level of support  
 Virtually no support

10. **Would you feel comfortable allowing the applicant(s) to care for your child permanently if you were unable to do so?**

Very comfortable  Comfortable  Uncomfortable  Very uncomfortable

11. **Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the applicant(s)?**

Yes  No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **It would be helpful to us to know whether you plan to discuss the contents of your reply with the applicant(s).**

I plan to discuss the content of my reply.  I have discussed the content of my reply.  
 I do not plan to discuss the content of my reply.

13. **Please provide a phone number for us to contact you if we have any further questions.**

Day phone # \_\_\_\_\_

Evening phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your time in completing this questionnaire.

From

Telephone No.