

**Personal Reference Form – Domestic Adoptions**

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To: \_\_\_\_\_ Date: \_\_\_\_\_

You have been asked to provide a reference for:

Male Applicant: \_\_\_\_\_

Female Applicant: \_\_\_\_\_

The above named individual(s) have applied to our agency to have a home assessment completed to determine if they are suitable to adopt a child. In making these decisions it would be very helpful to have information from people who know the applicants.

If you would prefer to speak to us on the telephone, please call the Calgary office at 1-877-256-3224.

1. How long have you known the applicant(s)? \_\_\_\_\_

2. In what capacity? (social, business, neighbours, church) \_\_\_\_\_

\_\_\_\_\_

3. Of the following characteristics, which best describe the applicants? (Check all that apply)

Male Applicant: \_\_\_\_\_

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

Female Applicant: \_\_\_\_\_

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

4. What is your impression of the applicant's strengths and weaknesses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

5. In what situations have you observed the applicants with children?

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6. Describe the manner in which they relate to their children, if they have any.

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7. Describe the manner in which they relate to children who are not their own.

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8. Do you believe the applicant(s) have the ability to meet the emotional, social physical and intellectual needs of children?

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9. What kind of supports does this family have? Check all that apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Many close friends                  | <input type="checkbox"/> Several close friends                   | <input type="checkbox"/> Few or no close friends               |
| <input type="checkbox"/> Many close family contacts          | <input type="checkbox"/> Several close family contacts           | <input type="checkbox"/> Few family contacts                   |
| <input type="checkbox"/> Many social contacts                | <input type="checkbox"/> Several social contacts                 | <input type="checkbox"/> Few or no social contacts             |
| <input type="checkbox"/> Active in their community           | <input type="checkbox"/> Some community involvement              | <input type="checkbox"/> No community involvement              |
| <input type="checkbox"/> Active in their religious community | <input type="checkbox"/> Some involvement in religious community | <input type="checkbox"/> No involvement in religious community |

10. To your knowledge are the applicants involved with any groups whose beliefs or values cause you concern, or seem incompatible with being a good parent?  Yes  No

Explain: \_\_\_\_\_

11. Do these prospective adoptive parents have a strong, loving and stable marriage?

- Yes definitely  Yes I think so  Probably  Perhaps  Not really  Definitely not

Explain: \_\_\_\_\_

12. Have any of these areas, to your knowledge, been a problem for the Applicants? (Check all that apply)

Male Applicant: \_\_\_\_\_

Female Applicant: \_\_\_\_\_

- Excessive use of Alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behaviours
- Poor money management
- Compulsive gambling
- Inappropriate sexual behaviour
- Mental Illness
- Criminal Activity
- Depression and or suicidal tendencies

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If you have identified any of the areas above please tell us how the problem was dealt with and if you think it is likely to be a problem in the future.

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13. In the event of a family emergency, how comfortable would you be leaving your children in their care for an extended period of time?

- Very comfortable    Comfortable    Somewhat comfortable    Uncomfortable    Very uncomfortable

14. Are there any areas we have not covered that you would like us to know about? Do you have any concerns about placing an adopted child in this family?

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15. Would you recommend this family to adopt a child?    Yes    No

16. Have you discussed your answers with the applicants?    Yes    No

Please provide your telephone numbers so that we can contact you if we have any further questions:

Name \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*Thank you for taking the time to complete this questionnaire.*

