



FOSTER CARE LICENSING REFERENCE CHECK

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOSTER CARE

SFN 902 (1-2023)

Instructions:

This form may be used by the authorized licensing agent to learn more about the applicant's interest, willingness, and abilities to provide foster care to children in their home. Provide three people with at least two of the individuals not related to you, unless other approved by the department. References are asked to be familiar with the applicant/s and to respond promptly to the agency's inquiry.

Prospective Foster Care Provider(s) Name
--

REFERENCE #1

Name	Email Address	Telephone Number	
Mailing Address	City	State	ZIP Code
Relationship to the Prospective Provider <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify):			

REFERENCE #2

Name	Email Address	Telephone Number	
Mailing Address	City	State	ZIP Code
Relationship to the Prospective Provider <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify):			

REFERENCE #3

Name	Email Address	Telephone Number	
Mailing Address	City	State	ZIP Code
Relationship to the Prospective Provider <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other (specify):			

Authorized Licensing Agency Use Only:

Comments
