



Reference Request

(The applicant must submit 3 completed forms)

This reference request should be provided to a person who has personal knowledge about your employment history, education or character. References cannot be from family members. Please fill in your name below and give to your reference. Please return this form at the time of your interview.

Applicant Last Name	Applicant First Name	Applicant Middle Name

Please complete the following questions listed below, keeping in mind that Home and Community Based Services may be performed unsupervised with people with developmental disabilities. Your time and effort in completing this form is appreciated. Strict confidence in regards to your responses will be observed within the provisions and guidelines of State and Federal laws.

Last Name: First Name: Middle Initial:	Daytime Phone # ()
Street Address	Evening Phone # ()
City, State, Zip Code	How long have you known the applicant? Years _____ Months _____
Type of an acquaintance (Circle all that apply) Supervised Applicant Worked with Applicant Friend Neighbor Other (specify)	If this person was an employee, would you rehire the applicant? (circle one) Yes No



Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities.

Describe your knowledge of any characteristics and/or special training/education the applicant may have working with these individuals:

Indicate if you have any reason that the applicant would NOT be suited to provide services to individuals with disabilities:

Additional Information:

Signature: _____, Date _____.

For Office Use Only

Interviewed by phone: Yes or No	Date:	Interviewer Name: (print)	Interviewer Signature: