Reference Letter for Foster Parent/Teaching Parent

Date:________________________

Name:______________________________________________________________

The above named person(s) has/have applied to become foster parents for Youth & Family Treatment Association. They have given us authorization to contact you in order for us to appropriately screen them for care for the youth in our program. Your comments will be held in strict confidence. Please complete this form and sign.

1. How long and in what capacity have you known the applicant(s)? ____________________________
   ________________________________________________________________________________

2. How often do you have contact with the applicant(s)? ____________________________
   Describe your relationship. ________________________________________________________________________________

3. Do you feel that the applicants can help youth to physically and emotionally grow?____
   ________________________________________________________________________________

4. What are the applicant(s) strengths as you see them? ____________________________
   ________________________________________________________________________________

5. What kinds of stress have you seen the applicant(s) deal with, and how do they solve or handle stress? ________________________________________________________________________________

6. What have you observed that would indicate how the applicant would express love or compassion toward troubled youth? ________________________________________________________________________________

7. Explain any insight as to how the applicants would have a positive relation and be a good role model with troubled youth. ________________________________________________________________________________

Signature_________________________________________ Date________________________

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