



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR SOCIAL SERVICES
(Enter District Office)

Adult Family Care Personal Reference Letter

Date Sent to Reference:

Reference Name:

Reference Address:

Telephone Number:

Re: Potential Provider Name

Potential Provider Address

Dear **Reference Name**,

I have recently made application to become an Adult Family Care provider for the Department of Human Services. If approved, one to three aged/disabled adults will be placed in my home. As an Adult Family Care/Adult Emergency Shelter Care provider I will be assisting the Department of Health and Human Resources in preventing unnecessary institutionalization of an adult who is no longer able to remain in their own home.

As part of the application process to become an Adult Family Care/Adult Emergency Shelter Care provider, I would like for you to provide a personal reference on my behalf. Please complete the following set of questions and return it to the local Department of Human Services office at the address indicated. A self-addressed stamped envelope has been enclosed for your convenience. The information you provide will be held in strict confidence.

Sincerely,

Potential Provider Name

**Adult Family Care/Adult Emergency Shelter Care Program
Personal Reference Questionnaire**

Provider Name: _____

Completed By: _____ Date Completed: _____

1. How long have you known this family?
2. What is your relationship to the family?
3. Describe how this family gets along with others. (Example: family, friends, neighbors)
4. Describe how you have seen this family handle a stressful situation.
5. Do you believe any individuals in this family would have difficulty adjusting to having an older adult or adult with disabilities in their home? Please explain.
6. Would this family be able to care for a blind, disabled or elderly person in their home?
7. Describe the personal characteristics of the members of this family.
 - a. List the positive characteristics:
 - b. List the negative characteristics:
8. Do you believe this family could manage another person's finances? Explain why or why not.
9. Additional Comments:

Signature: _____

Thank you for taking the time to complete this reference letter on my behalf. When completed, please return it to the following address.

State of West Virginia Department of Human Services

Worker's Name

Worker's Title

Worker's Office Address