



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

Adult Family Care Provider Credit Reference Letter

Date Sent to Reference:

Reference Name:

Address:

Telephone Number:

Re: Name: Potential Provider Name

Account #:

Potential Provider Street Address

Potential Provider City, State and Zip

Dear **INSERT NAME OF REFERENCE**,

I have recently made an application to become an Adult Family Care provider for the Department of Human Services. If approved, one to three elderly, blind, or disabled adults will be placed in my home. As an Adult Family Care provider I will be assisting the Department of Human Services 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 provider, I would like for you to provide a credit 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,

Worker Name

Adult Family Care Program
Credit Reference Questionnaire

Applicant Name: **Potential Provider Name**
Account #:

Completed By:

Date Completed:

Agency:

1. How long has the applicant had an account with your agency?
2. Have they paid their bills on time?
3. If no, how many times have payments been late during the past year?
4. Have there been any termination notices sent?
5. Has service ever been terminated due to non-payment?
6. Additional comments:

Signature

Title/Position

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 Street Address

Worker's City, State & Zip