

PROFESSIONAL REFERENCE

State of Michigan
Department of Human Services

Dear _____ :

Our agency is responsible for placing children for adoption with families. _____ has/have applied to adopt a child/children and we wish to give him/her/them careful consideration. Please help us by answering some questions and returning this form in the enclosed envelope to the adoption worker listed at the end of this form.

How long and how well have you known the family/applicant(s)?

In what capacity have you worked with the family/applicant(s)?

What is your professional impression of how the family/applicant(s) is/are meeting the needs of children already placed in the home? List:

What is your assessment of the family's ability to manage and meet the needs of additional adopted children in the home?

Do you have any concerns about their ability to care for a child? If so, please explain:

Would you recommend him/her/them as an adoptive parent(s)? Why or why not?

Additional comments or concerns:

Signature of Person Giving Reference	Date		
Printed Name and Title			
Name of Agency/School/Business/Office, etc.			
Address	City	State	Zip
Day time Telephone Number ()			

Thank you for your assistance,

Adoption Worker Signature	Date
Printed Name	
Agency Name	
Agency Address	
Day time Telephone Number ()	

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.