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| CSO-1359A (9-17) |
| ARIZONA DEPARTMENT OF CHILD SAFETY |
| **APPLICANT / FOSTER PARENT REFERENCE FORM** |

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| NAME OF APPLICANT 1      | NAME OF REFERENCE      |
| NAME OF APPLICANT 2      |
| 1. How long have you known our applicant(s) and in what capacity?

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| 1. Please describe your observations, if any, of our applicant’s experience and relationships with children and adolescents.

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| 1. Has our applicant discussed with you a desire to provide foster care? If so, how do you think the applicant perceives foster care?

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| 1. In your opinion, how do you feel a foster child would fit into our applicant’s lifestyle?

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| 1. If our applicant(s) have/had children of their own, describe their parent-child relationship.

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| 1. Listed below are several areas in which foster parents are often confronted with in providing care for foster children. Please check the box which most closely describes your impression of our applicant’s ability to parent.

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| **APPLICANT 1** | **YES** | **NO** | **DON’T KNOW** |
| Is able to set reasonable limits | [ ]  | [ ]  | [ ]  |
| Is usually able to be consistent | [ ]  | [ ]  | [ ]  |
| Is able to understand a child’s viewpoint | [ ]  | [ ]  | [ ]  |
| Is able to express warmth and appreciation | [ ]  | [ ]  | [ ]  |
| Is able to accept a child despite their misbehavior | [ ]  | [ ]  | [ ]  |
| Is able to put a child’s needs ahead of their own | [ ]  | [ ]  | [ ]  |
| Is able to admit error | [ ]  | [ ]  | [ ]  |
| **APPLICANT 2** | **YES** | **NO** | **DON’T KNOW** |
| Is able to set reasonable limits | [ ]  | [ ]  | [ ]  |
| Is usually able to be consistent | [ ]  | [ ]  | [ ]  |
| Is able to understand a child’s viewpoint | [ ]  | [ ]  | [ ]  |
| Is able to express warmth and appreciation | [ ]  | [ ]  | [ ]  |
| Is able to accept a child despite their misbehavior | [ ]  | [ ]  | [ ]  |
| Is able to put a child’s needs ahead of their own | [ ]  | [ ]  | [ ]  |
| Is able to admit error | [ ]  | [ ]  | [ ]  |
| Is able to accept professional help if needed | [ ]  | [ ]  | [ ]  |
| 1. How would you describe our applicant’s relationship with their significant other? If this does not apply, describe their strengths as an individual and go to question 10.

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| 1. What do you see as strengths in their relationship/marriage? *If applicable*

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| 1. What do you see as needs in their relationship/marriage? *If applicable*

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| 1. Are there any reasons to believe our applicant(s) may not be desirable as foster parents?

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| 1. Would you be willing to leave your child in our applicant’s care? Why or why not?

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| Additional Comments:      |
| **Please be advised that all information provided will remain confidential.** |
|  |  |       |
| Signature of Person Completing Reference |  | Occupation |
|  |  |
|  |       |
|  | Date |

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