



Reference Questionnaire for Parent Home Study

NAME OF PARENT	NAME OF REFERENCE
1. How long have you known the parent?	
2. What is your relationship to the parent?	
3. How do you know the parent? How often is our contact with them?	
4. Describe the parent's support system (for example, family, church, friends, community services involvement, sponsor).	
5. How do you personally know the child(ren) the parent wants returned to their care?	
6. What concerns do you have for the child(ren) being placed in this household?	
7. Have you ever known the parent to experience problems (now or in the past) with: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health issues <input type="checkbox"/> Violence / domestic violence <input type="checkbox"/> Chronic difficulties with unemployment / work <input type="checkbox"/> Other Please explain:	

8. What struggles have you seen the parent overcome?

9. Do you believe the parent is able and prepared to successfully and safely parent the child(ren) at this time? Why or why not?

10. May we call you if we have questions? Yes No

SIGNATURE

DATE

PHONE NUMBER (INCLUDING AREA CODE)