



WRIGHT COUNTY HUMAN SERVICES AGENCY

Administrative & Fiscal/Technology - 1004 Commercial Drive, Buffalo, MN 55313-1736
Social Services & Public Health - 1004 Commercial Drive, Buffalo, MN 55313-1736
Financial Services & Child Support - 10 2nd Street NW, Room 300, Buffalo, MN 55313-1191

Don Mleziva, Director

Social Services 763-682-7400
Public Health 763-682-7456
Financial/Child Support 763-682-7414
Toll Free 800-362-3667
Social Services FAX 763-682-7701
Financial/Child Support FAX 763-682-8920
Web Site www.co.wright.mn.us

REFERENCE FOR CHILD FOSTER CARE LICENSE

TO: _____

Name of home applying to be licensed to provide child foster care in Wright County:

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(Last Name)

(Female First Name)

(Male First Name)

This family has applied to be licensed to provide child foster care. They have given us your name as a reference.

We are conducting a home study that will help us and the family evaluate their ability to provide a home like environment for foster children. Child foster care is a demanding job; all members of the household have an influence on the emotional climate and family values.

Please consider the following questions and answer them frankly. A comment of concern or mention of family problems will not necessarily disqualify the family's application.

The information you provide will become a part of the total home study, which when completed, will be available to the family to read at their request.

Please return the completed reference to:

**Child Foster Care Licensor
Wright County Human Services Agency
1004 Commercial Drive
Buffalo, MN 55313-1736**

The home study cannot be completed without your reference. *A reply at your earliest convenience is greatly appreciated.* Thank you for your time.

1. How and when did you become acquainted with this family?

2. How well do you know the family?

3. How would you describe Mr.____, Mrs.____, other family members:

4. Will this home provide a happy and positive atmosphere?

5. Are you aware of any past or present problems with alcohol, drugs, violence, or legal violations with any members of the family? If there have been problems, how were they handled?

6. Are you aware of any problems with their own children?
How are these problems being solved?

7. Would you be comfortable placing a child you care about in this home?

8. Is there any reason not to license this family for child foster care?

9. Is there any additional information you would like to add?

Name: _____

Address: _____

Telephone:(____) _____

*Thank you for your time and
cooperation in completing this reference.*