



Seniors and People with Disabilities
Children with Developmental Disabilities

References for AFH Foster Care Providers

List four personal references that you have known for at least two years (at least three must be unrelated), and can attest to your character and ability to care for individuals with developmental disabilities.

Provider/Applicant: _____

Reference 1:

	_____ Last Name	_____ First Name	_____ MI	_____ Relationship
Home Address:	_____ Street	_____ City	_____ State	_____ Zip Code
Mailing Address: (if different)	_____ Address	_____ City	_____ State	_____ Zip Code
Home Phone:		_____ Work Phone:		

Reference 2:

	_____ Last Name	_____ First Name	_____ MI	_____ Relationship
Home Address:	_____ Street	_____ City	_____ State	_____ Zip Code
Mailing Address: (if different)	_____ Address	_____ City	_____ State	_____ Zip Code
Home Phone:		_____ Work Phone:		

Reference 3:

	_____ Last Name	_____ First Name	_____ MI	_____ Relationship
Home Address:	_____ Street	_____ City	_____ State	_____ Zip Code
Mailing Address: (if different)	_____ Address	_____ City	_____ State	_____ Zip Code
Home Phone:		_____ Work Phone:		

Reference 4:

	_____ Last Name	_____ First Name	_____ MI	_____ Relationship
Home Address:	_____ Street	_____ City	_____ State	_____ Zip Code
Mailing Address: (if different)	_____ Address	_____ City	_____ State	_____ Zip Code
Home Phone:		_____ Work Phone:		

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST