

NOTICE OF FORM CHANGE NO. 03-166

DATE

10/17/2003

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 10 (9/03), Request for Reference

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/03	REPLACES 7/01	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 9/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Master Only. Unit is issued change to each.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

REQUEST FOR REFERENCE

CONCERNING: _____

RETURN TO: _____

The above-named individual(s) is/are in the process of adopting a child.

Our agency has the duty of completing an adoption homestudy of this family to determine whether this family is able to provide responsible and loving care to an adopted child.

Your name has been given by the family as a reference. Please answer the following questions and return the completed form within seven days in the enclosed envelope.

Thank You

1. How long have you known this/these individual(s)? _____

2. In what capacity? _____

3. Check the boxes that best describe the personal characteristics of this/these individual(s).

Applicant 1

Applicant 2

- | | | | | | |
|------------------------------------------|--------------------------------------|------------------------------------------|------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Shy | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Understanding | <input type="checkbox"/> Shy | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Active | <input type="checkbox"/> Anxiety/Nervous | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Active | <input type="checkbox"/> Anxiety/Nervous |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Happy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sad | <input type="checkbox"/> Happy | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Emotional | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Emotional | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Funny | <input type="checkbox"/> Responsible | <input type="checkbox"/> Calm | <input type="checkbox"/> Funny | <input type="checkbox"/> Responsible | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Serious | <input type="checkbox"/> Involved | <input type="checkbox"/> Isolated | <input type="checkbox"/> Serious | <input type="checkbox"/> Involved |
| <input type="checkbox"/> Generous | <input type="checkbox"/> Supportive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Generous | <input type="checkbox"/> Supportive | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Fun | <input type="checkbox"/> Kind | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident | <input type="checkbox"/> Assertive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Careful | <input type="checkbox"/> Awkward | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Careful | <input type="checkbox"/> Awkward | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Other: _____ |

4. What are the strong qualities of this/these individual(s)? _____

5. What are the limitations of this/these individual(s)? _____

6. What kinds of experiences has this/have these individual(s) had with children? _____

7. This/these individual(s) is/are very capable of providing love and security to a child. *(Check one for each person)*

Applicant 1

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

Applicant 2

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

8. To your knowledge, is/are this/these individual(s) affiliated with any cults, groups or organizations that promote beliefs which cause you concern and/or seem incompatible with responsible parenting?

Yes No If Yes, please name: _____

9. Below, please find a list of problem behaviors. Have any of these behaviors been a problem for this/these individual(s)?

Applicant 1

- Excessive use of alcohol
- Poor work history
- Child abuse
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Deviant sexual behavior
- Mental illness
- Criminal activities
- N/A
- Other: _____

Applicant 2

- Excessive use of alcohol
- Poor work history
- Child abuse
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Deviant sexual behavior
- Mental illness
- Criminal activities
- N/A
- Other: _____

10. If you checked any of the problem behaviors listed in question #9, please elaborate on the nature of the problem and how it was dealt with: _____

