

foundations
for home and
community



*is a non-profit organization
dedicated to
improving families
and communities.*

Washington, DC
1012 14th Street, NW, Suite 1400
Washington, DC 20005
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9135 Piscataway Road, Suite 400
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Fill out the following forms if you have school children 5 – 18 years of age:

Educational Reference Check

Foundations for Home and Community

1012 14th Street N.W. Suite 1400
Washington, D.C. 20005
Office: 202-737-2554 Fax 202-654-1983

Education Reference Release Form

Date: _____

Applicant's Name: _____

Child's Name: _____

Dear School Official:

I am applying to be a certified therapeutic foster parent with Foundations for Home and Community, a private therapeutic foster care agency in the District of Columbia. I am required to obtain a reference from a school official where at least one of my children is enrolled. Your help in this process is greatly appreciated.

Please fill out the accompanying reference form and send it directly to the agency in the attached self-addressed stamped envelope. This form speaks to your interactions with me, as well as your professional opinion of my ability to provide a safe, loving, nurturing, and appropriate home to abused and neglected children who have emotional and behavioral health issues. Please feel free to add anything else it would be important for them to know. You may attach additional sheets if necessary. It is important that Foundations for Home and Community receive your response as soon as possible.

Thank you in advance for your help and cooperation. Should you have any questions about the form or the process, you may contact the Foster Parent Training Department at Foundations for Home and Community at 202/737-2554.

Sincerely,

(Applicant's signature)

Attachment: Reference Form

Enclosure: Self-addressed envelope

EDUCATIONAL REFERENCE CHECK

Applicant Family: _____

Date: _____

Child's Name: _____

Age: _____ Grade: _____

Reference Name: _____

Phone: _____

(Title)

(School)

1. How long have you known _____? _____ (Applicant)

2. In what capacity have you known him/her? _____

3. Have you observed the applicant with his/her child (children)? Yes ___ No: ___

Please explain: _____

4. Have you ever had any cause for concern about the child's home life or relationship with the applicant(s)? Yes: ___ No: ___

Please explain: _____

5. Does the above referenced child:

- Regularly attend school? Yes: ___ No: ___ Sometimes: ___ Do not know: ___
- Arrive at school on time? Yes: ___ No: ___ Sometimes: ___ Do not know: ___
- Dress appropriately? Yes: ___ No: ___ Sometimes: ___ Do not know: ___
- Appear clean? Yes: ___ No: ___ Sometimes: ___ Do not know: ___
- Seem hungry? Yes: ___ No: ___ Sometimes: ___ Do not know: ___
- Seem tired? Yes: ___ No: ___ Sometimes: ___ Do not know: ___

Comments: _____

6. Do you have any concerns about the applicant's ability to parent? Yes ___ Somewhat ___ No ___

Please explain _____

7. Have you observed the applicant handle a difficult or stressful situation involving his/her child or another child? Yes: ___ No: ___

If 'yes,' please explain _____

8. Are you aware of any trouble the child or other children in this family has had in the community? Yes ___ No ___ If 'yes' please explain: _____

9. As a Therapeutic Foster Parent, the applicant(s) will be providing a home to a child with serious emotional and behavioral issues. The children are typically between the ages of 6 to 21. Do you have any reservations about recommending the applicant for this responsibility?

Yes: ___ No: ___ Uncertain: ___

Please explain: _____

10. What strengths or limitations do you believe the applicant will have as a Therapeutic Foster Parent? _____

11. Do you recommend the applicant(s) for this responsibility? Yes: ___ No: ___ Uncertain: ___

Please explain: _____

Thank you for your thoughtful responses. Please return in the provided self-addressed envelope to: Foundations for Home and Community
1012 14th Street, NW - Suite 1400
Washington, D.C. 20005