



PROVIDER/ALTERNATE REFERENCE FORM

Please complete and return to: PROGRAMS FOR PARENTS Phone # 973-744-4050

Dear Madam/Sir:

_____ has applied for registration as a family day care provider or alternate. The applicant has given your name as a person who knows about her/his ability to care for children. Your comments will be greatly appreciated. Please answer the following:

1. How long and how well have you known the applicant?
2. In what capacity have you known the applicant?
3. In what situations have you observed the applicant's interaction with children?
4. Do you believe the applicant would appropriately care for up to five children?
Please explain.
5. Do you believe the applicant is of good character with sufficient intelligence, stability, energy and maturity to care for children placed in her/his charge?
Please explain.

6. Would you choose to have the applicant care for your own children or for children in your family? Please explain.

7. Who are the other persons living in the applicant's home that you know?

8. Do you believe their character would provide a positive influence on children? Please explain.

9. Additional remarks (optional)

Please call us at (973) 744-4050, if you would like to speak to a staff member regarding this applicant.

_____ (date) _____
signature

_____ telephone # _____
Your name (please print)

Address _____

Title and organization, if applicable