

SAFE Reference Letter

To:

Date:

REFERENCE CONCERNING:

Applicant #1

Applicant #2

The above-named individuals have applied to our agency to become foster parents, adoptive parents, etc. They have given us your name in order for you to provide a reference for them.

During the process of working with families who want to adopt, foster, etc., we get to know them in a certain capacity. The information you provide is crucial for us to get to know the Applicants more fully. We would appreciate it if you would answer the following questions and return the completed form at your earliest convenience. If you have questions about this request, please email adoption@gnb.ca or fosterfamilies_famillesdaccueil@gnb.ca.

1. How long have you known the Applicants and in what capacity?

2. Of the following characteristics, which ones best describe the Applicants? *(Check all that apply)*

| Applicant #1

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Active |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Involved |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Compulsive | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Careful |
| <input type="checkbox"/> Sense of Humor | <input type="checkbox"/> Other: |

| Applicant #2

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Active |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Involved |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Compulsive | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Careful |
| <input type="checkbox"/> Sense of Humor | <input type="checkbox"/> Other: |

What are other words you would use to describe the Applicants:

3. What kind of experience has each applicant had with children?

4. The Applicants are 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

5. To your knowledge, are the Applicants affiliated with any groups or organizations that promote the beliefs or values that cause you concern and/or seem incompatible with responsible parenting?

- Yes No If yes, please explain:

6. Have the Applicants ever exhibited any of the behaviors below? *(Check all that apply)*

| Applicant #1

- Excessive use of alcohol
- Poor work history
- Child Pornography
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Criminal activity
- Pornography
- Other:
- Not to my knowledge

| Applicant #2

- Excessive use of alcohol
- Poor work history
- Child Pornography
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Criminal activity
- Pornography
- Other:
- Not to my knowledge

7. Have the Applicants ever experienced any of the conditions below? *(Check all that apply)*

| Applicant #1

- Mental illness
- Anxiety
- Depression
- Suicidal tendencies
- Developmental delays
- Impaired judgement
- Danger to self or others
- Other:
- Not to my knowledge

| Applicant #2

- Mental illness
- Anxiety
- Depression
- Suicidal tendencies
- Developmental delays
- Impaired judgement
- Danger to self or others
- Other:
- Not to my knowledge

8. If you checked any of the behaviors/conditions in questions 6 and 7, please explain:

9. This is a compatible couple with a strong, loving, and stable relationship. *(Please check one)*

- Strongly agree Agree Somewhat agree Disagree Strongly disagree

10. Which of the following statements best describe the level of support the Applicants receive from their friends, family, community, and religious institutions? *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Many close family contacts | <input type="checkbox"/> Several close family contacts | <input type="checkbox"/> Few or no family contacts |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active community | <input type="checkbox"/> Some community involvement | <input type="checkbox"/> No community involvement |
| <input type="checkbox"/> Active in religious community | <input type="checkbox"/> Some religious community involvement | <input type="checkbox"/> No religious community involvement |

11. Would you feel comfortable allowing the Applicants to care for your child permanently if you were unable to do so?

- Very comfortable Comfortable Uncomfortable Very uncomfortable

12. Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the Applicants?

- Yes No If yes, please explain:

Please provide a phone number for us to contact you if we have any further questions.

Name	Day phone number	Evening phone number	Cell phone number	
Street number / Street	Apartment #	City/Town/Village	Province	Postal Code

Signature	Date
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Thank you for your time in completing this questionnaire. Please email completed form to:
adoption@gnb.ca or fosterfamilies_famillesdaccueil@gnb.ca

OR mail to:

Attn: Marika Verreault-Leblanc (Foster/Adoption)
551 King St.
Sartain MacDonald Building
PO Box 6000, Fredericton, NB
E3B 1E7