



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Alternate Caregiver Reference Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your name has been given by \_\_\_\_\_ who is interested in being an alternate caregiver.

After the information you provide is received, some of the information may be addressed with the applicant to clarify anything that is unclear. **Your identity is kept confidential.**

- 1. How long have you known the applicant(s) and what is the nature of the relationship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. Has the applicant(s) discussed with you a desire to become an alternate caregiver for a foster parent or kinship parent? Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 3. Have you seen the applicant with children? If yes, what did you observe? Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4. Does the applicant have children? Do they live in the home? Describe the relationship between the children and the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Would you be willing to place a child(ren) you loved with the applicant(s)?

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6. Do you have any concerns that a child(ren) placed in the applicant(s)' home would be at risk of harm to his or her safety or well-being? Yes  No   
If yes, explain.

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7. Are you aware of any problems with alcohol, drug, or substance abuse by the applicant(s)? Yes  No   
If yes, please explain.

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8. If married, describe the applicant's marital relationship. If the applicant is single, does the applicant have a significant other? Describe the relationship.

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9. Have you ever visited the home? Yes  No

10. Make any additional comments that you feel will help us evaluate the applicant(s).

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11. Do you recommend the applicant(s) for someone else's child(ren)? Why or why not? Use the back of this form if additional space is needed.

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Signature

Date

Thank you for taking the time to provide this information. Please complete and return this letter within **two weeks** after receipt. If you wish to speak to the worker regarding this family please contact:

OKDHS or contract representative	Area code	Phone
County or agency represented	Completed by: Phone <input type="checkbox"/> Face-to-face <input type="checkbox"/> Mailed <input type="checkbox"/>	

\_\_\_\_\_  
OKDHS or contract representative signature

\_\_\_\_\_  
Date