



Resource Family Reference Letter for Adult Children

Date: _____

Dear _____:

As part of the resource family approval process, a reference from the applicant's adult child(ren) is required. Your name has been given by _____ who is interested in the (Check all that apply):

- adoptive program;
- foster care program; or
- kinship program.

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. Were you aware that your parent(s) was applying to provide kinship or foster care or adopt? Yes No
2. Did both of your parents raise you? Yes No
If no, who raised you and why?

If no, what is your current relationship with that parent?

3. Does your parent(s) have the physical abilities and health to adequately meet the needs of the child with age appropriate activities? _____
4. How often do you have contact with your parent(s)?
 - daily
 - weekly
 - monthly
 - yearly
 - less often

5. Is your contact with your parent(s) mainly:

- in person
- by phone
- by letter or e-mail?

6. When was the last time you visited in your parent(s)' home? _____

7. How would you describe your relationship with your parent(s)?

8. If you have a strained relationship with your parent(s), explain:

9. Have you ever felt that your parent(s) did not protect you from harm or danger? Please explain. _____

10. Did you ever feel that you were or were allowed to be (Check all that apply):

- physically abused;
- emotionally abused, including verbal abuse;
- neglected, physical needs were not met;
- sexually abused; or
- I was never abused or neglected.

If you checked any type of abuse or neglect, explain the circumstances and when the incidents occurred.

11. Did you feel that your parent(s) understood you at different stages in your life? Please explain.

12. Did your parent(s) use or allow drugs, alcohol, or both to be used in the home? If yes, describe the frequency and what was used.

13. Are drugs, alcohol, or both still used in your parent(s)' home? If yes, describe the frequency and what is used.

14. If your parent(s) used drugs, alcohol, or both, when you were a child, describe the resulting behavior.

15. Did you ever feel afraid of your parent(s) when you lived in the home or when you were around them? Yes No
If yes, explain.

16. How were you disciplined as a child?

At the time, did you feel that the discipline was harsh or unfair as a child?

Yes No

How do you feel about it now? Please explain.

17. If you have children, do you ever leave them with your parent(s)?

- Yes, how often?
- No, why not?

18. Would you recommend your parent(s) as a kinship, foster, or adoptive parent(s)? Yes No
Please explain.

19. Are you the biological parent of the child being placed? Yes No

Use the back of this form if additional space is needed.

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