(To be completed by the originating agency and sent to the receiving agency)

Name of Resource Parent(s)

Name of Receiving Agency

using the following rating scale:

- N = Needs Improvement (Please explain below)
- S = Satisfactory
- E = Exceeds Expected Level of Performance
- N/A = Not Applicable

Works cooperatively with service providers

Supports permanency plans

Follows through with recommended services

Works productively with birth family members

Use of appropriate discipline techniques

Provides proper level of supervision

Participates in Training Sessions

Meets annual licensing requirements

Effectively communicates

Maintains placements

Willing to transport

Attends court/case conferences, etc

Accepts placements

Meets training hours for license

Explain any Needs Improvement rating from scale above:

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

What is the effective and expiration date of their current license with your agency?

Has the family ever been placed on probationary status with your agency? If yes, for what reason?

Describe the best types of placements for this family (age, gender, Special Needs, capacity, types of children, etc.)

How many placements has the family received through your agency?

Has the family ever been under a corrective action plan with your agency? If yes, for what reason and was the family successful in resolving the areas of concern or non-compliance?

Will the family have resource children in placement at time of transfer?

If yes, who is the custodial county?

Has the family informed you of their request to transfer their license and the reason?

Please note any particular strengths of the family or areas that need growth?

Please send completed reference form to: Attention: Agency
Address/City/State/Zip
Or Fax to: