



Morningstar Family Ministries Foster Program

MAIL TO:

1117 Snyder's Rd. East Baden, Ontario N3A 3L2
Phone: 519-634-5550 Ext. 223 Fax: 519-634-8672

LETTER OF REFERENCE

How long have you known the applicant(s) and in what capacity? [Click here to enter text.](#)

Applicant's ability to cope with when an unplanned situation comes up: [Click here to enter text.](#)

Applicant's ability to handle stress in the home: [Click here to enter text.](#)

Do you believe that the applicant's will be willing to include the foster child in family traditions and family events? What activities will this include? [Click here to enter text.](#)

Have you ever witnessed the applicants discipline a child? What forms of discipline are you aware of that the applicants use? [Click here to enter text.](#)

Comment on the applicant's strengths: [Click here to enter text.](#)

Comment on the applicant's weaknesses: [Click here to enter text.](#)

Of the following characteristics, which ones best describe each applicant? (Check all that apply)

Applicant 1

- | | | | |
|--------------------------------------|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Serious | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Supportive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Awkward | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Shy | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody | <input type="checkbox"/> Active | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Confident | <input type="checkbox"/> Happy | <input type="checkbox"/> Involved |
| | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Emotional | <input type="checkbox"/> Flexible |

- | | | | |
|-------------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Fun | <input type="checkbox"/> Responsible | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Serious | | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Careful | <input type="checkbox"/> Supportive | <input type="checkbox"/> Shy | <input type="checkbox"/> Involved |
| Applicant 2 | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Active | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Happy | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident | <input type="checkbox"/> Emotional | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Awkward | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Nervous | <input type="checkbox"/> Careful |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Stubborn | |

What kind of experience has each applicant had with children?

To your knowledge, is/are the applicant(s) affiliated with any groups or organizations that promote beliefs or values that cause you concern and/or seem incompatible with responsible parenting?

Yes OR No

If yes, please describe your concerns with the group or organization: _____

Do you agree that the applicant(s) are ready, willing and able to provide 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
-

Have any of the problem behaviours or conditions listed below been a problem for the applicant(s)?

Applicant #1

- Excessive use of alcohol
 Poor work history
 Child abuse or neglect
 Drug abuse
 Violent behaviour
 Poor money management
 Compulsive gambling
 Inappropriate sexual behaviour
 Mental illness
 Criminal activities
 Depression
 Child pornography
 Other: _____

Applicant #2

- Excessive use of alcohol
 Poor work history
 Child abuse or neglect
 Drug abuse
 Violent behaviour
 Poor money management
 Compulsive gambling
 Inappropriate sexual behaviour
 Mental illness
 Criminal activities
 Depression
 Child pornography
 Other: _____

If you checked any of the problem behaviours listed in above question, please elaborate on the nature of the problem and how it was dealt with: _____

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

N/A Strongly Agree Agree Somewhat Agree Disagree Strongly Disagree

Which of the following statements best describe the level of support the applicant(s) derive from their friends, family, community and religious institutions? (Please check all that apply)

- Many close friends
 Many close family contacts
 Many social contacts
 Active in community
 Active in religious community
 Several close friends

____ Several close family contacts

____ Several social contacts

____ Some community involvement

____ Some religious community involvement

____ Few or no close friends

____ Few or no social contacts

____ Few or no family contacts

____ No community involvement

____ No religious community involvement

Would you feel comfortable allowing the applicant(s) to care for your child permanently if you were unable to do so?

____ Very Comfortable ____ Comfortable ____ Uncomfortable ____ Very Uncomfortable

Print Name

Signature

Date

Thank you for your time on completing this letter of reference. Please mail the reference to Morningstar Family Ministries of Canada Inc., 1117 Snyder's Rd E, Baden ON N3A 3L2

This reference will be kept confidential.