



Personal Reference Form

*This form should be given to someone who has personal knowledge about the applicant's employment history, education or character. References **CANNOT** be from relatives.*

NAME OF APPLICANT	PHONE #
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NAME OF PERSON PROVIDING PERSONAL REFERENCE:	
ADDRESS	
EMAIL	PHONE #

Please complete the questions listed below about this applicant, keeping in mind that Home & Community Based Services may be performed unsupervised in the home of the person with developmental disabilities. Your time and effort in completing this form is appreciated and strict confidence in regard to your responses will be observed within the provisions of the law.

- 1.) How long have you known this person?
- 2.) How do you know this person?
 Supervised Worked together
 Friend Neighbor Other:
- 3.) Describe your feelings on how you believe this person will relate to individuals with developmental disabilities. Include any special characteristics, training or education that this person has that you feel will be relevant to this line of work.

- 4.) Do you have any reason to believe that this person would not be well suited to provide services to individuals with developmental disabilities?
- 5.) If the applicant was a former employee, would you hire this person again?

SIGNATURE OF PERSON PROVIDING REFERENCE	DATE
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FOR OFFICE USE ONLY

INTERVIEWED BY PHONE?	COMMENTS
Inspire, HSC REPRESENTATIVE NAME	SIGNATURE