



CCAI REFERENCE FORM

Reference Name: _____ Date: _____

Reference Concerning: _____
Applicant's Names

1. How long have you known the applicant(s) and in what capacity?

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

MOM

- Outgoing
- Aggressive
- Honest
- Friendly
- Responsible
- Serious
- Supportive
- Hardworking
- Moody
- Confident
- Compassionate
- Compulsive
- Impulsive
- Other _____

- Shy
- Active
- Happy
- Emotional
- Nervous
- Stubborn
- Rigid
- Calm
- Involved
- Flexible
- Fun
- Assertive
- Careful

DAD

- Outgoing
- Aggressive
- Honest
- Friendly
- Responsible
- Serious
- Supportive
- Hardworking
- Moody
- Confident
- Compassionate
- Compulsive
- Impulsive
- Other _____

- Shy
- Active
- Happy
- Emotional
- Nervous
- Stubborn
- Rigid
- Calm
- Involved
- Flexible
- Fun
- Assertive
- Careful

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3. What kind of experience has each applicant had with children?

Mom: _____

Dad: _____

4. The applicant(s) is/are capable of providing love and security to a child. (Check one for each person)

MOM

- Strongly Agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

DAD

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

5. 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 No If Yes, please name:

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

MOM

- Excessive use of alcohol
- Poor work history
- Child abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activities
- Depression and/or Suicidal tendencies
- Pornography
- Other: _____

DAD

- Excessive use of alcohol
- Poor work history
- Child Abuse or neglect
- Drug abuse
- Violent behavior
- Poor money management
- Compulsive gambling
- Inappropriate sexual behavior
- Mental illness
- Criminal activities
- Depression and/or Suicidal tendencies
- Pornography
- Other: _____

7. If you checked any of the problem behaviors listed in question #6, please elaborate on the nature of the problem and how it was dealt with:

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8. 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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Many close family contacts | <input type="checkbox"/> Several close family contacts | <input type="checkbox"/> Few or no fam contacts |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active in community | <input type="checkbox"/> Some comm involvement | <input type="checkbox"/> No comm involvement |
| <input type="checkbox"/> Active in religious comm | <input type="checkbox"/> Some religious involvement | <input type="checkbox"/> No religious involvement |

10. 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

11. Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about the applicant(s)?

- Yes No If Yes, please explain:

12. It would be helpful to us to know whether you plan to discuss the contents of your reply with the applicant(s).

- I plan to discuss the content of my reply.
 I have discussed the content of my reply.
 I do not plan to discuss the content of my reply.

13. Please provide a phone number for us to contact you if we have any further questions.

Day phone # _____

Evening phone # _____

Cell phone # _____

Signature

Date

Thank you for your time in completing this questionnaire. Please mail or fax this completed form to:

CCAI - GA
5825 Glenridge Dr., Suite 126
Atlanta, GA 30328
Attn. Chaunda Brooks, Case Applications Manager

404-250-0055/ext.201
FAX # 404-250-0099