



References

I/We _____, hereby give permission to _____,
Adoption Coordinator, to obtain information about me/us for the purpose of conducting an Adoption
Home Study. **Note: One must be from a relative.**

1. Name of Reference:

Address:

Telephone and email:

2. Name of Reference:

Address:

Telephone and email

3. Name of Reference:

Address:

Telephone and email:

4. Name of Reference:

Address:

Telephone and email:

5. Name of Reference:

Address:

Telephone and email:

Signature of Client(s): _____ Date: _____

_____ Date: _____

Signature of Social Worker: _____ Date: _____