

**VDSS MODEL FORM - FDH**

**CAREGIVER REFERENCE**

---

(Name of Applicant)

---

(Name/Address of Family Day Home)

has applied for a position providing child care to children at the above family day home. Please answer the following questions to help determine the eligibility of the applicant for employment.

1. How long have you known the applicant? \_\_\_\_\_

2. How have you known the applicant?  
\_\_\_\_\_ Friend \_\_\_\_\_ Neighbor \_\_\_\_\_ Other: \_\_\_\_\_

(In answering the following questions, please provide comments or examples).

3. Does the applicant demonstrate:

(a) An ability to relate to children with courtesy, respect, patience, and affection?

---

---

---

(b) An ability to understand and respect the families of children in care?

---

---

---

(c) An ability to speak, read, and write in English well enough to carry out assigned job responsibilities and communicate effectively with emergency responders?

---

---

---

4. Do you believe the applicant to be physically and mentally capable of carrying out assigned responsibilities?

---

---

---

**VDSS MODEL FORM - FDH**

**Applicant Reference**

**Page 2**

5. Do you believe the applicant to be a responsible and emotionally stable person of good character and reputation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

---

**If Reference Check Taken Over the Telephone:**

Date(s) of Contact: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Firm Contacted: \_\_\_\_\_

Signature of Person Who Obtained Reference: \_\_\_\_\_