

Family Choice Healthcare

CHARACTER REFERENCE REQUEST:

TO BE COMPLETED BY THE APPLICANT

Family Choice's policy mandates a character reference for all applicants to the Agency. Please submit complete mailing information for your reference. Your signature indicates permission for your reference to respond to the questionnaire. **PLEASE COMPLETE THE TOP OF THE FORM ONLY. RELATIVES AND SPOUSES ARE NOT ACCEPTABLE FOR CHARACTER REFERENCES.**

Reference Name: _____

Address: _____

Telephone: _____ Fax: _____

Applicant's Name (PRINT)

Applicant's Signature/Date

TO BE COMPLETED BY REFERENCE (OFFICE USE ONLY)

Dear Reference:

The above named applicant has applied for a position with Family Choice Healthcare. Family Choice Healthcare is a Residential Service Agency designed to address the needs of the long-term chronically ill client who needs assistance with Activities of Daily Living in their home environment. The Agency also offers registered nurse supervision of the home care attendants. We greatly appreciate your cooperation in completing the following information to assist in the evaluation of the applicant. Please be assured that all information will be kept confidential.

Please return this form to:

Family Choice Healthcare
4601 Forbes Boulevard, #320
LANHAM, MARYLAND 20706
Office Number: 888.358.1341 ext. 103
Office Fax: 301.200.4723

1. How long have you known the applicant? _____

Years/Months

2. In what capacity have you been affiliated with the applicant _____

Friend/Business

3. What are the applicant's outstanding strong points? _____

4. Does the applicant have any difficulty in getting along with others? _____

5. Would you entrust the care of your family member to the applicant? _____

Additional Comments: _____

Phone Interview Date/Time

4

Reference Name

Agency Representative's Signature

Family Choice Healthcare

CHARACTER REFERENCE TRACKING:

| DATE | TIME | ORGANIZATION | CONTACT | STATUS | AGENCY SIGNATURE |
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