

Family Choice Healthcare
CHARACTER REFERENCE REQUEST

SECTION ONE: TO BE COMPLETED BY THE APPLICANT

Family Choice's policy mandates a character reference for all applicants. Please provide the complete contact information for your reference. Your signature indicates permission for your reference to respond to the questionnaire. **RELATIVES AND SPOUSES CANNOT BE USED AS CHARACTER REFERENCES.**

Reference Name: _____

Address: _____

Telephone: _____ Email _____

Applicant's Name (PRINT)

Applicant's Signature/Date

SECTION TWO: 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 provides in home care for the elderly and disabled. The Agency also offers registered nurse supervision of the home care attendants. Thank you for helping us evaluate the applicant. Please be assured that all information will be kept confidential.

Please return this form to:

Family Choice Healthcare
1930 South Broad Street Unit 22
Philadelphia, Pennsylvania 19145
Office: 267.202.1164 ~ Fax: 301.200.4723

1. How long have you known the applicant? _____
Years/Months
2. In what capacity are you affiliated with the applicant? _____
Friend/Business Associate
3. What are the applicant's outstanding strengths? _____

4. Does the applicant have any difficulty getting along with others? _____
5. Would you entrust the care of your family to the applicant? _____

Additional Comments: _____

Phone Interview Date/Time

Reference Name

Agency Representative's Signature