

**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  
651 Holiday Drive, Foster Plaza 5, #300  
Pittsburgh, PA 15220  
Office: 412.499.4103 ~ 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