

Applicant	Reference Name
Applicant Telephone Number	Reference Address
Agency	Reference Telephone Number

☐ 0 to 5 years ☐ 10 to 15 years ☐ 20 to 25 years ☐ 30 to 35 years

☐ 5 to 10 years ☐ 15 to 20 years ☐ 25 to 30 years ☐ Over 35 years

☐ Relative ☐ Supervisor ☐ Student ☐ Fellow leisure participant
☐ Friend ☐ Colleague ☐ Doctor ☐ Fellow volunteer
☐ Neighbor ☐ Pastor ☐ Lawyer ☐ Fellow church member
☐ Employer ☐ Teacher ☐ Counselor ☐ Fellow organization member

☐ My home ☐ Neighborhood ☐ School ☐ Leisure Sites
☐ Applicant's home ☐ Workplace ☐ Social Events ☐ Volunteer Sites
☐ Others' homes ☐ Church ☐ Hobby Sites ☐ Organization meetings

☐ 0 to 5 years ☐ 10 to 15 years ☐ 20 to 25 years ☐ Over 30 years

☐ 5 to 10 years ☐ 15 to 20 years ☐ 25 to 30 years ☐ Don't know

☐ 0-1 time/month ☐ 2-3 times/month ☐ 4-5 times/month ☐ 6+ times/month

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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6. The applicant may be responsible for providing supportive services which encourage consumers to make individual choices. Please cite specific examples of your personal experiences, if any, with the applicant which demonstrate his/her strengths in the following areas:

Honesty: _____

Tolerance: _____

Cooperation: _____

Flexibility: _____

Determination: _____

Consideration: _____

Kindness: _____

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7. Please describe any other activities, traits, or circumstances which you feel could positively or negatively impact the applicant's ability to provide consumers with a supportive family home environment:

I have completed this survey truthfully, accurately, and without speculation. I understand the Department of Developmental Services (DDS) may provide me with a copy of the applicant's signed information release form upon request. I also understand that, as specified in the release, the applicant has relieved me of all liability, damages, and legal claims related to my responses to the questions which DDS has presented herein.

(Signature)

(Date)