

701 Water Street West Summerside Prince Edward Island Canada C1N 1E2

> Tel: 902.436.7576 Fax: 902.436.4247

info@communityconnectionsinc.com

REFERENCE LETTER

Re: Residential Placement/Respite Care Applicant

Applicant's Name:		
Re	ference Completed By:	Phone #:
Kindly answer the following questions and give us any additional information which you feel we should know before deciding whether or not it would be in the best interest of a person to be placed in their home.		
1.	In what capacity have you known this person(s)? For how long?	
2.	What first impression are families likely to have? (How does he/she programmed)	resent himself/herself?)
3.	What first impression are children likely to form? (Children of the approve into their home)	licant regarding having this individual
	move into their nome)	
4.	How would he/she rate regarding reliability, punctuality, stability, com	mitment?

Assisting persons with intellectual disabilities to contribute and participate in a meaningful way in the community



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5.	. Does he/she have any notable characteristics you would like to comment on? (ie: conscientious, sensitivity, sense of humour, etc.)	
6. In your opinion, what does the applicant have to offer a person living with him/her/them in the are		
	training, family acceptance, exposure to community activities, and acceptable role models?	
Sig	gnature of Reference Person Date	