

**Loftus-Vergari and Associates, Inc.**

Foster Care and Adoption Program  
65 North Washington Street  
Wilkes-Barre, PA 18701

Phone: (570) 822-9706

Email: jlv@loftus-vergari.com

Fax: (570) 824-1408

**Name and Address of Reference:**


Dear

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The 

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 have provided your  
name as a character reference that can attest to their suitability as adoptive parents of

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We would appreciate your response in a timely fashion to the enclosed questionnaire. Please be as thorough as possible, citing examples of your observations, if appropriate. We can assure you that any information you provide on this form will be kept in the strictest confidence. You will not be named as the source of any information which you provide and your confidentiality will be carefully protected.

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Signature of Adoption Worker

1. How long have you known the applicants?

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2. What is the nature and frequency of your contact with them?

3. Please Describe them:

A. As individuals:

B. As a couple:

4. A. Please describe their relationship with

(Names of adoptive children)

B. Their feelings about adopting

5. What the \_\_\_\_\_ can offer \_\_\_\_\_ as his/her adoptive parents.

6. How do you think the \_\_\_\_\_ feel about expanding their family through adoption? \_\_\_\_\_  
(Name of adoptive parents)

7. What are the impressions of their natural child(ren), and how they relate to the children to be adopted?

8. What have you observed to be their discipline or teaching techniques?

9. In general, we would appreciate your candid opinion of the advantages/disadvantages to \_\_\_\_\_ being adopted by

Please explain:



\_\_\_\_\_

Signature of Reference

\_\_\_\_\_

Date