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

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

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| Phone: (570) 822-9706 | | Email: [jlv@loftus-vergari.com](mailto:jlv@loftus-vergari.com) | Fax: (570) 824-1408 |
| **Name and Address of Reference:** | | | |
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|  | | | |
| Dear |  |  |  |
|  |  |  |  |
| The |  | have provided your | |
| name as a character reference that can attest to their suitability as adoptive parents of | | | |
|  |  |  | . |
| 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. | | | |
|  | | | |
| Signature of Adoption Worker | | | |
| 1. | How long have you known the applicants? | |  |

|  |  |  |
| --- | --- | --- |
| 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) |

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| --- | --- | --- | --- |
| 7. | What are the impressions of their natural child(ren), and how they relate to the children to | | |
|  | be adopte | d? |  |
|  |  |  |  |
| 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 ex | lain: |  |

|  |  |  |
| --- | --- | --- |
| Signature of Reference |  | Date |