

**Independent Respite Provider**  
**Elgin respiteservices.com Reference Form**



Reference for \_\_\_\_\_

Reference given by \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. What is your relationship with this person?

Employer \_\_\_\_\_ Co-worker \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_

2. How long have you known this person?

Less than 6 months \_\_\_\_\_ 6 – 12 months \_\_\_\_\_ 1 – 2 years \_\_\_\_\_ Over 2 years \_\_\_\_\_

3. How often do you have contact with this person?

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

4. Please check the box that you feel is most appropriate for this person.

<b>Personal Characteristics</b>	<b>Yes</b>	<b>Most of the time</b>	<b>No</b>	<b>Unsure</b>
Honest				
Reliable				
Shows good judgement				
Warm and caring				
Safety conscious				
Patient				
Calm in emergencies				
High integrity				

5. Does this person interact well with others? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

6. Do you feel this person is capable of independently caring for a child or adult with special needs?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

7. Would you be comfortable leaving a family member with this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

8. Would you have any concerns with this person providing respite support? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Please add any additional comments you feel are relevant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to provide this reference. We appreciate your assistance and your response will be kept in the strictest confidence.

CLE representative \_\_\_\_\_ Date \_\_\_\_\_