



*Forever Families Adoption Services, Inc.  
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**Personal Reference Form**

Forever Families Adoption Services, Inc. is considering \_\_\_\_\_

as adoptive parents. Please complete the following information and return to the office as soon as possible.

1. How long have you known the applicants? \_\_\_\_\_

2. How do you know the applicants? \_\_\_\_\_

3. How often do you see the applicants? \_\_\_\_\_

4. What kinds of activities do you and the applicants do together? \_\_\_\_\_

\_\_\_\_\_

5. How do the applicants interact with children? \_\_\_\_\_

\_\_\_\_\_

6. What do you consider the strengths and weaknesses of the applicants with regards to raising children?

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7. How responsible are the applicants financially? \_\_\_\_\_

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9. Would you recommend these applicants as adoptive parents? \_\_\_\_\_

Why or why not? \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name