



## References

I/We \_\_\_\_\_, hereby give permission to  
\_\_\_\_\_, Adoption Coordinator, to obtain information about me/us for the  
purpose of conducting an Adoption Home Study. **Note: One must be from a relative.**

**1. Name of Reference:**

Address:

Telephone and email:

**2. Name of Reference:**

Address:

Telephone and email

**3. Name of Reference:**

Address:

Telephone and email:

**4. Name of Reference:**

Address:

Telephone and email:

**5. Name of Reference:**

Address:

Telephone and email:

Signature of Client(s): \_\_\_\_\_

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

\_\_\_\_\_

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

Signature of Social Worker: \_\_\_\_\_

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