



TURNING POINT FAMILY CARE
PO BOX 789, WASHINGTON, UT. 84780
VOX: 435.674.7421 FAX: 435.674.3175

Reference Letter for Foster Parent/Teaching Parent

Date: _____

Name: _____

The above named person(s) has/have applied to become foster parents for Youth & Family Treatment Association. They have given us authorization to contact you in order for us to appropriately screen them for care for the youth in our program. Your comments will be held in **strict confidence**. Please complete this form and sign.

1. How long and in what capacity have you known the applicant(s)? _____

2. How often do you have contact with the applicant(s)? _____
Describe your relationship. _____

3. Do you feel that the applicants can help youth to physically and emotionally grow? _____

4. What are the applicant(s) strengths as you see them? _____

5. What kinds of stress have you seen the applicant(s) deal with, and how do they solve or handle stress? _____

6. What have you observed that would indicate how the applicant would express love or compassion toward troubled youth? _____

7. Explain any insight as to how the applicants would have a positive relation and be a good role model with troubled youth. _____

Signature _____

Date _____