Acres of Hope Reference Form

(All information provided will be confidential)

Applicant Name _____

Your Name _____ Phone Number _____

What is your relationship with the applicant? _____

What are the applicant's strengths and weaknesses?

Are you aware of any mental health or special needs for the applicant? Yes ☐ No ☐
If yes, please describe specifically:

Are you aware of any mental health or special needs for the children? Yes ☐ No ☐
If yes, please describe specifically:

Are you aware of any abuse of drugs or alcohol in the past or present? Yes ☐ No ☐
If yes, please describe specifically:

Why do you think the applicant would be successful at Acres of Hope?

How would the applicant deal with the challenges of community living? How would she respond to different personalities and elevated noise levels?

Signature _____ Date_____

Please email the completed application to program@acresofhopeonline.org. Or mail to Acres of Hope, PO Box 238, Auburn, CA 95604.