

Adoption Home Study Services of Ohio Adult Child Letter of Reference

358 Edna Street Alliance Ohio 44601 phone: 330-829-9400 fax: 330-823-1755 email: homestudyohio@hotmail.com

1. What is your relationship to <u>each</u> adoptive applicant? (Adoptive Child, Biological Child, Step Child)	
2. How much and what type of contact do you currently have with each applicant?	
3. Describe what kind of a parent was each applicant to you?	
4. Describe the quality of your past and present relationship with each applicant.	
5. What type of discipline did each applicant use when you were a child? Was the discipline fair? harsh? Please explain:	

6. Do you think that each applica	nt was/is a positive role model for you? Please explain:
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7. Did you experience any incide	nt of abuse or neglect with either applicant? If yes, please explain:
8. Do you know of any reason w	hy this applicant(s) should not be approved for adoption?
9. Do you believe that an adoptiv	re child would be safe in this home? Please explain:
Name(s):Address:Phone:	
Signature:	Date:

Adult Child Reference Letter for (Family Name):

Please Return this form ASAP to: Adoption Home Study Services of Ohio 358 Edna Street Alliance, Ohio 44601

All comments are confidential and not released by agency to applicant(s) per Ohio State Law