



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

RE: Reference Questionnaire Request

Dear _____,

_____ has/have applied to this agency to care for a child and has/have given your name as a reference.

Since the safety and well being of children are important and because you know this family, your comments are valuable to the agency. Your response will be treated as confidential by the agency and will not be disclosed unless required by law or court order.

Enclosed is the reference questionnaire for you to complete, or if you would like, this form is available electronically by going to https://www.dshs.wa.gov/fsa/forms?field_number_value=15-286&title=&=Apply and downloading DSHS form number 15-286. Feel free to write additional comments on the back of the form or another piece of paper.

Please return the questionnaire by _____. Enclosed is a self-addressed stamped envelope for your convenience. You may call me at () _____, or e-mail me at _____ if you have any questions.

Any time you have concerns about the care and safety of a child, you may call the Department of Social and Health Services' toll free report line: 1-866-ENDHARM.

Thank you for your time and help.

Sincerely,

LICENSOR

PHONE:

EMAIL: