



Policy 961, Exhibit-2, Community Service Agency, Direct Service Staff/Contractor Reference Form

NAME OF DIRECT SERVICE STAFF/CONTRACTOR:

The following individuals have knowledge about all of the following: **employment history, education and character of the direct service staff or contractor.** Individuals giving references cannot be family members of the direct service staff or contractor.

(1)	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ Verified by: _____	City: _____ State: _____ Zip: _____ Phone Number: _____
(2)	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ Verified by: _____	City: _____ State: _____ Zip: _____ Phone Number: _____
(3)	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ Verified by: _____	City: _____ State: _____ Zip: _____ Phone Number: _____

By signing this form, I affirm that the three references have been contacted to provide information regarding the employment history, education and character of the Direct Service Staff/Contractor.

Program Director Signature

Date