

Adoptive Family Reference

Name:	Date:
Your name has been given to A Guardian Angel Adoption	s, LLC as a reference by:
	nether to approve this application, we are asking you to answer onfidential and will be used only to determine whether to conside
1- How long have you known the adoptive applicants? Whacquaintances, work associates, etc.)	nat is the nature of your relationship? (Close friends,
2- As an outside observer of this family do you see any lim	nitations in them adopting a child?
	lify the applicant(s) to meet the special needs of an adoptive ay be of a different race, disabled, or older than a newborn?
4- How have you observed this family cope with stress?	

5- Have you observed any problems in the areas of: alcohol, drugs, finances, marital conflict, criminal activity, sexual activity, or other concerns?				
6- Please give us any other information whice especially one of a different race disabled, of			e to place a child,	
7- How does the family resolve conflict?				
8- May we contact you with additional ques				
Telephone:		Best time to contact you:		
Your assistance is very valuable to us. Remember your reply will be kept completely confidential. Thank you for taking the time to provide the information listed above.				
Please sign below and return within five wor	king days to:			
A Guardian Angel Adoptions, LLC P. O. Box 95902 South Jordan, Utah 84095 Or you may email to: angeladoptions123	@hotmail.com			
Completed this	day of		20	
Ву:				
Address	City	State	Zip	