



Adoptive Family Reference

Name: _____ Date: _____

Your name has been given to *A Guardian Angel Adoptions, LLC* as a reference by _____
_____ who is/are applying to adopt a child. To help us decide whether or not to approve this
application, we

are asking you to answer several questions. Your reply will be considered strictly confidential and will be used only to
determine whether to consider the individual(s) as perspective adoptive parent(s).

1- How long have you known the adoptive applicants? What is the nature of your relationship? (Close friends,
acquaintances, work associates, etc.)

2-As an outside observer of this family do you see any limitations in them adopting a child?

3-What special attributes do you believe qualify or disqualify the applicant(s) to meet the special needs of an adoptive child.
Please also take into consideration that the child may 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 which will help us to decide whether or not it is desirable to place a child, especially one of a different race disabled, or older permanently in this home.

7-How does the family resolve conflict?

8- May we contact you with additional questions? No Yes If Yes please complete the following:

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 working days to:

***A Guardian Angel Adoptions, LLC
P. O. Box 95902
South Jordan, Utah 84095***

Completed this _____ day of _____ 20_____

By: _____
Printed Name Signature

Address _____ City _____ Zip _____

Phone _____