

LETTER OF REFERENCE

(Must be completed by a non-family member with and acquaintance of six months or more.)

Section 1: TO BE COMPLETED BY APPLICANT

Ар	plicant Name:	Phone:			
Ap	plicant Address:	() City: State: Zip:			Zip:
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on file i	icant has requested to become a Navy certified Child Developme n our office. You have been selected by the applicant as a referen REFERENCE INFORMATION TEMS MUST BE COMPLETED. IF IT DOES NOT APPLY I	ce. Please complete sect			all applications a
1.	What is the length of time that you've known the ap				
2.	How did you come to know the applicant and his/he	er family?			
3.	Has the applicant ever provided childcare for you? If	f so how often?			
4.	Can you describe some of the applicant's strengths of	especially as they mi	ght relate to	come for chil	dren?
5.	Is the applicant reliable? If no, please explain.				
6.	Is the applicant easy to communicate with? Does he	/she speak English w	vell enough t	to be understo	od?
7.	Is there anything else you would like to share with us regarding this applicant?				
)N 3: F	REFERENCE CONTACT INFORMATION				
Pri	nted Name:				
Sig	nature:				
Ad	dress:		City:	State:	Zip:
Da	te:	Phone:			