



## Reference Request

### APPLICANT

This reference request should be given to a person who has known you for at **least one year**, and have personal knowledge about your employment history, education or character and can attest to your ability to provide in-home supports. Minimally, two references should be from former or current employers. References **CANNOT be from family members**. Please fill in your name below and then give this form to the person from whom you are requesting a reference. Instruct the person to return this Reference Request to United Cerebral Palsy of Southern Arizona ("UCPSA") by fax: 520-795-3196, email: [staff@ucpsa.org](mailto:staff@ucpsa.org) or mail to 630 N. Craycroft Road, Tucson, AZ 85711.

Applicant's Name (Last, First, M.I.)	
Applicant's address (No., Street, City, State, ZIP)	Applicant's Phone No.

### PERSON PROVIDING REFERENCE

Please complete the questions listed below keeping in mind that direct care services are typically performed unsupervised in the home of a person with physical or developmental disabilities. Your time and effort in completing this form is appreciated, and UCPSA will exercise strict confidentiality in regard to your responses within the provisions of the law.

This reference request **MUST** be returned to UCPSA at the address listed above.

Print Person's Name Providing Reference (Last, First, M.I.)	
Address (No., Street, City, State, ZIP)	
Daytime Phone No.	Evening or Cell Phone No.

State the length of time you have known the applicant:  
 Years \_\_\_\_\_ Months \_\_\_\_\_

Type of relationship (check all that apply):  
 supervised applicant  
  worked with applicant  
  friend  
  neighbor  
  other

How do you believe the applicant will relate to individuals with physical and/or developmental disabilities? Describe any characteristics and/or special training or education that the applicant may have that will help the applicant work with people with disabilities, including the elderly.

Do you have any reason to believe that the applicant would not be suited to provide services to individuals with developmental disabilities?

If the applicant was a former employee, would you rehire this person?  no    yes    n/a  
 If no, why not?

Additional Comments which will help in evaluating this applicant.

Person's signature providing reference	Date
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