

Unique Caring Opportunities
PERSONAL REFERENCE CHECK

To: _____
(List Reference Person's Name)

Date: _____

Address: _____

Dear Sir or Madam:

As required by Florida Statute, personal reference checks must be completed for
_____ to be employed as a caretaker of

(Applicant's Name)

children or developmentally disabled individuals, at Unique Caring Opportunities, Inc.

Your name has been given as a personal reference. Please answer the following questions:

1. In what capacity have you known the applicant? For how long?

2. To your knowledge, has the applicant ever been convicted of a crime? If yes, please explain.

3. Do you think this person is qualified to work in a facility/home or to care for Children or developmentally disabled clients? Why? Why not?

4. Would you consider placing the responsibility of a child or developmentally disabled relative of yours with the applicant?

5. Additional comments:

Name

Date

Please return the completed form to: info@ucopportunities.com