

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REFERENCES
Child Day Care Program

Instructions:

- Please provide complete information for two people (one employment reference and one personal reference) we can contact.
- Relatives may **NOT** be used as references
- If you have been employed outside the home, please include an employer as one of your references
- Please **PRINT** clearly

PROGRAM NAME:	FACILITY ID NUMBER:
NAME:	

<u>TYPE OF PROGRAM</u>	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care
ROLE IN PROGRAM	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Volunteer

REFERENCE #1 (Required)Please check appropriate reference type: ☐ Personal ☐ Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (<i>Last, First, MI</i>):		
BUSINESS NAME:			APT:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: () -		E-MAIL:	

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken:**REFERENCE #2 (Required)**Please check appropriate reference type: ☐ Personal ☐ Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (<i>Last, First, MI</i>):		
BUSINESS NAME:			APT:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: () -		E-MAIL:	

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken:**REFERENCE #3 (Optional)**Please check appropriate reference type: ☐ Personal ☐ Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (<i>Last, First, MI</i>):		
BUSINESS NAME:			APT:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: () -		E-MAIL:	

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken: