## 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 NUMBE	FACILITY ID NUMBER:			
NAME:						
TYPE OF PROGRAM		Family Day Care, Group Family Day Care and Small Day Care Centers		Day Care Center and School-Age Child Care		
ROLE IN PROGRAM	☐ Provider			Director		
	☐ Assistant		Teacher			
	Substitute		☐ Volunteer			
REFERENCE #1 (Requi						
	rence type:	nployment				
☐ MR. ☐ MRS.☐ MS.	L (Last, 1 nst, 14n).					
BUSINESS NAME:				APT:	FLOOR:	
ADDRESS:						
ADDRESS.						
CITY:		S	TATE:	ZIP:		
DAYTIME DUONE	LE MANU					
DAYTIME PHONE: ( ) -	E-MAIL:					
Does reference speak Englis	sh? Yes No If NO, plea	ase specify language sp	oken:			
	•	,,				
REFERENCE #2 (Requi	<b>red)</b> rence type:    □  Personal    □  Er	mployment				
	E (Last, First, MI):	прюуттетт				
☐ MR. ☐ MRS. ☐ MS.	= (=355, 7 m55, mm).					
BUSINESS NAME:				APT:	FLOOR:	
ADDRESS:						
ADDRESS.						
CITY:		S	TATE:	ZIP:		
DANTINE BUONE	T = ****					
DAYTIME PHONE:	E-MAIL:					
Does reference speak En	glish?  Yes  No If No	O, please specify lang	iliade suokeu.			
•		o, picase specify lang	dage spoken.			
REFERENCE #3 (Option		mplaymant				
	rence type:	прюутен				
☐ MR. ☐ MRS. ☐ MS.	= (±dot, 1 not, 1m).					
BUSINESS NAME:				APT:	FLOOR:	
ADDRESS:						
ADDRESS.						
CITY:		S	TATE:	ZIP:		
	T					
DAYTIME PHONE:	E-MAIL:					
Does reference speak Englis	sh? ☐ Yes ☐ No If NO, plea	ase specify language on	okan:			
Does reference speak Eligib		ase specify latiguage sp	UNCII.			