



Department of Health and Human Services
Licensing and Regulatory Services
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***Name and address of provider are necessary**

REFERENCE FOR: _____

ADDRESS: _____

NAME OF FACILITY (If applicable): _____

Please answer the following questions as completely as possible. Use additional sheets if you need more space to answer fully. Thank you.

- 1) How long have you know the applicant(s)?
- 2) In what ways do you know the applicant(s)? (Fellow worker, neighbor, casual friend, close friend, other).
- 3) How often do you see the applicant(s)?
- 4) What are some of the strengths and weaknesses of the applicant(s) in the following areas as they apply to the care of children?
 - a. Coping with problems
 - b. Sensitivity of children's feelings and needs:
 - c. Patience:
 - d. Other:
- 5) Are you aware of any problems involving the abuse of alcohol, or any drugs? If yes, please describe.

PLEASE COMPLETE OTHER SIDE

- 6) Please describe the applicant(s) relationship with their own children or other children.

Our vision is Maine people living safe, healthy and productive lives.

- 7) What kind of discipline does the applicant use?

- 8) How would you feel about leaving your child(ren) with this person?

- 9) Do you have concerns or reservations about the applicant(s) ability to-be a good day care provider or do you have additional comments?

Signature: _____

Print or Typed Name: _____

Address: _____

Date: _____

Telephone Number: _____

THANK YOU