## Adult Family Care/Adult Emergency Shelter Care Program Credit Reference Letter

Date Sent to Reference:		
Reference Name:		
Address:		
Telephone Number:		
	Re:	Applicant Name:Account #:
		Address:
Dear		·

I have recently made application to become an Adult Family Care provider for the Department of Health and Human Resources. If approved, one to three elderly, blind or disabled adults will be placed in my home. As an Adult Family Care provider I will be assisting the Department of Health and Human Resources in preventing unnecessary institutionalization of an adult who is no longer able to remain in their own home.

As part of the application process to become an Adult Family Care provider, I would like for you to provide a credit reference on my behalf. Please complete the following set of questions and return it to the local Department of Health and Human Resources office at the address indicated. A self-addressed stamped envelope has been enclosed for your convenience. The information you provide will be held in strict confidence.

Sincerely,

## Adult Family Care/Adult Emergency Shelter Care Program Credit Reference Questionnaire

Applica	nt Name:	Account. #:		
Comple	ted By:	Date Completed:		
Agency	:			
1.	How long has the applicant had an account with your agency?			
2.	Have they paid their bills on time?			
3.	If no, how many times have payments been late during the past year?			
4.	Have there been any termination notices sent?			
5.	Has service ever been terminated due to non-payment?			
6.	Additional comments:			
	Signature:			
	Title/Position:			

Thank you for taking the time to complete this reference letter on my behalf. When completed, please return it to the Department of Health and Human Resources office in my (the applicant's) county of residence.