

## THE MIRIAM PROJECT REQUEST FOR REFERENCE

The family listed below has selected you as a reference. Your candid assessment and honest answers will help The Miriam Project in the selection process of matching the family with a child.

Family's name: \_\_\_\_\_

Address: \_\_\_\_\_

Referee's name: \_\_\_\_\_

Using the chart below, please rate the family as a **family unit** relative to other family units that you have contact with.

	Excellent	Above Average	Average	Below Average	Poor	No knowledge of this area
Emotional Stability						
Financial stability						
Flexible						
Sense of Responsibility						
Relationship with Jesus Christ						
Commitment to a Christian lifestyle						
Active in a Faith Community						

How long have you known the family? \_\_\_\_\_

How would you describe your relationship to the family? \_\_\_\_\_

Would you recommend that a child be placed in the care of this family?

- Yes, I highly recommend this family.
- Yes, I recommend this family.
- Yes, I recommend this family but with reservation.
- No, I can not recommend this family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On a separate sheet of paper, please make a statement about the husband and wife as individuals regarding their personal Christian commitment, character, personality, abilities that will help in parenting, and general strengths and weakness.

Please send this form and your attached letter to The Miriam Project, 1400 Broadway Anderson, IN 46012.

Thank you for taking the time and effort in completing this reference form.