



Date: _____

To: _____

Phone: _____



Background And Referral Questionnaire

I approve of the release of information for this evaluation _____

Please sign

_____ is inquiring about being a housemate of mine. I am a person with a developmental disability. To protect my confidentiality, I ask that you complete this form and return it to my Service Coordinator at the Connections of CNY office. (See address below) I appreciate the input you can give me as finding a reliable housemate is important to my life. If you have any questions you can call my Service Coordinator at the number listed below. Thanks for helping me!

How long have you know this person? _____

In what capacity do you know this person? (i.e. friend, co-worker, family) Please explain?

Please list at least three character strengths that you feel this person possesses:

Can you think of any weaknesses that this person needs to improve on?

Over

