

DEVELOPMENTAL ENRICHMENT CENTERS  
DIRECT SUPPORT PROVIDER  
**REFERENCE FORM**

**APPLICANT**

This reference request should be provided to a person who has personal knowledge about your employment history, education, or character and can attest to your ability to provide services. Two references should be from former/current employers. References CANNOT be from family members. Please fill in your name below and give to the person you are requesting a reference from.

APPLICANT'S NAME (Last, First, M.I.)

APPLICANT'S ADDRESS (No., Street, City, State, Zip)

APPLICANT'S PHONE NO.  
(     )

**PERSON PROVIDING REFERENCE**

Please complete the questions listed below keeping in mind that Home and Community Based Services (HCBS) may be performed unsupervised in the home of the person with developmental disabilities or in the residence of the applicant. Your time and effort in completing this form is appreciated and strict confidentiality in regards to your responses will be observed within the provisions of the law.

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This reference request should be returned to the administrative office of DEC. Mailing address: 16809 N. 53<sup>rd</sup> Avenue, Suite 2, Glendale, AZ 85306; or you may fax to (602) 993-5163.

PRINT PERSON'S NAME PROVIDING REFERENCE (Last, First, M.I.)

ADDRESS (No., Street, City, State, Zip)

DAYTIME PHONE NO.  
(     )

EVENING PHONE NO.  
(     )

STATE THE LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT

Years:                      Months:

TYPE OF ACQUAINTANCE (Check all that apply)

Supervised applicant     Worked with applicant     Friend     Neighbor     Other

INDICATE YOUR FEELINGS ON HOW YOU BELIEVE THE APPLICANT WILL RELATE TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.  
DESCRIBE YOUR KNOWLEDGE OF ANY CHARACTERISTICS AND/OR SPECIAL TRAINING/EDUCATION THAT THE APPLICANT MAY HAVE FOR WORKING WITH THESE INDIVIDUALS.

INDICATE IF YOU HAVE ANY REASON TO BELIEVE THAT THE APPLICANT WOULD NOT BE SUITED TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

IF THE APPLICANT WAS A FORMER EMPLOYEE WOULD YOU REHIRE THIS PERSON?

No     Yes     N/A    If no, why not?

ADDITIONAL COMMENTS WHICH WILL HELP IN EVALUATING THIS APPLICANT

PERSON'S SIGNATURE PROVIDING REFERENCE

DATE

**FOR OFFICE USE ONLY**

INTERVIEWED BY PHONE

DATE

No     Yes

PRINT INTERVIEWER'S NAME (Last, First, M.I.)

INTERVIEWER'S SIGNATURE