

**CENTRAL CHILDREN'S HOME OF NORTH CAROLINA, INC.
211 WEST ANTIOCH DRIVE
OXFORD, NC 27565**

Applicant (s) Name: _____

Reference Name: _____

Relation to Applicant: _____

Summary of Recommendation:

How long have you known the above applicant? _____

Would you recommend them as a visiting resource for a child? _____

Why or Why not? _____

Statement of Confidentiality:

All information disclosed in the above summary is considered confidential. The contents will not be disclosed to the applicant. Copies may be sent however, to the legal custodian of the child(ren) for whom the application is being made. In addition, a copy will be retained in the child's case record at Central Children's Home.

Signature:

I, the undersigned, do hereby attest to the reliability and accuracy of the above statements. I understand that my statements will be kept confidential, except for copies used in the case record or forwarded to legal custodians. I understand that I may be contacted by telephone for further information.

Signed: _____ Date: _____

Phone: () _____ - _____

Please forward to _____ at the above address.