

Pastor/Church Leader Reference

Emmanuel Free Methodist Church Foster Care Financial Assistance Grant

Name of Family for which Reference Is Provided: _____

The above named family is requesting financial assistance through the **Emmanuel Free Methodist Church Foster Care Financial Assistance Grant** in order to remove a barrier to their ability to become licensed or to expand their involvement as foster parents. Thank you for taking the time to complete a reference on behalf of the above prospective foster family. We understand that you may not know all the details of the family's life but we ask you to be as candid as possible. Each reference is confidential.

Please return to us by mail at:

Emmanuel Free Methodist Church

Attn: Foster Care Financial Assistance Grant

3993 Fosterburg Road, Alton, IL 62002

Please call us with questions at (618) 258-7244

NAME AND CONTACT INFORMATION

Name:

Phone:

May we follow up by phone?

Yes

No

Address :

Email:

Please be as thorough as possible while answering these questions on a separate sheet of paper.

1. How long have you known this family?
2. How would you describe each of the applicants?
3. Please describe the family's church or community based ministry involvement.
4. Has the family spoken with you about their decision to become foster parents? Do you support their decision? Why or why not?
5. Do you have any concerns about them as parents, particularly to children who have histories of trauma neglect, abuse, or abandonment - and require specialized parenting strategies and unique understanding to meet these complex needs?
6. Do you feel the family can support the relationship the foster children have with their biological family and be a source of encouragement as we seek to restore these children back to their biological family?
7. Please add any additional comments or concerns.

Signature

Date

