



### **Registry Reference Form**

Dear Registry Reference,

Please complete the following information regarding \_\_\_\_\_ who is applying to be a caregiver with the Public Authority Registry:

Reference First and Last Name	
Address	
Phone Number	
Email Address	
How long have you known applicant?	
What is your relationship to applicant?	
Best time to contact you in case we have additional questions? (between the hours of 8 AM – 5 PM, Mon.-Fri.)	
Please write a few short sentences why you think applicant would be a good caregiver	

#### **SPECIAL NOTES**

- Please be sure that **all boxes** above are legible and filled out completely
- You must have known applicant for at least 6 months
- You cannot be related to applicant

Printed First and Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Printed First and Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_