**Reference Check – Group Home**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements for references under DCF 57.15(2)(b) and DCF 57.17(2)(c). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete the form below to document a new staff member’s reference check result. Complete a separate form for each reference check; DCF 57 requires three favorable references from non-relatives.

|  |  |
| --- | --- |
| **Person Contacting Reference** | |
| Full Name | Date of Contact (mm/dd/yyyy) |
| **Staff Member Information** | |
| Full Name | |
| Relationship to Reference | |
| **Reference Information** | |
| Full Name | Telephone Number |
| Home Address | |
| **Summary of Response** | |
|  | |