**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.

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| **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** |
|       |