

## Reference Letter

Dear: \_\_\_\_\_

\_\_\_\_\_  
**Name of Home Care Agency**

\_\_\_\_\_  
**Address of Home Care Agency**

\_\_\_\_\_ has made an application to operate a home care agency. The person has recommended you as a reference. Would you kindly fill out the form below to the best of your knowledge and return it to this office within five (5) working days?

Sincerely,

Cassandra Kingsberry  
Supervisory Nurse Consultant  
Intermediate Care Facilities Division

**Your Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Are you related? Yes [ ] No [ ]

Do you have any knowledge of the applicant's professional training or qualifications in providing care and/or supervision of vulnerable adults? Yes [ ] No [ ]

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by the applicant? Yes [ ] No [ ]

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Do you recommend the applicant to care for patients/clients who require nursing services?

Yes [ ] No [ ] Why?

\_\_\_\_\_  
\_\_\_\_\_