

Medical References for DD Child Foster Care Providers/Co-providers

Applicant name: _____ Date sent: _____

If you intend to provide care for an individual with significant medical needs, satisfactory references are required from at least two medical professionals, such as a physician and/or registered nurse, who have direct knowledge of your ability and past experiences as a caregiver. These two medical references can serve as two of the four total references required.

Reference 1:

	Last name	First name	MI	Occupation
Home address:	Street	City	State	ZIP code
Mailing address: <i>(if different)</i>	Address	City	State	ZIP code
Phone:		E-mail: _____		

Reference 2:

	Last name	First name	MI	Occupation
Home address:	Street	City	State	ZIP code
Mailing address: <i>(if different)</i>	Address	City	State	ZIP code
Phone:		E-mail: _____		