



Family Name: _____

Creating a legacy of thriving families from the adoption plan to child's independence

REFERENCES

As part of home study requirements given by the state of Michigan, each family needs three references from unrelated individuals. Please indicate three unrelated individuals to serve as references for your family. *Please complete all fields.*

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

E-mail: _____

Relationship: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

E-mail: _____

Relationship: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

E-mail: _____

Relationship: _____