ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities Home and Community Based Services (HCBS)

REFERENCE REQUEST

APPLICANT

This reference request should be provided to a person who has personal knowledge about your employment history, education or character and can attest to your ability to provide services. Two references should be from former/current employers. References **CANNOT** be from family members. Please fill in your name below and give to the person you are requesting a reference from. Instruct the person to mail this Reference Request back to the Division of Developmental Disabilities (DDD).

Applicant's Name (Last, First, M.I.)	ant's Name (Last, First, M.I.) Applicant's Phone No		hone No.
Applicant's Address (No., Street)			
City		State ZIP	Code
PER	SON PROVIDING R	EFERENCE	
Please complete the questions listed below be performed unsupervised in the home of the applicant. Your time and effort in completing will be observed within the provisions of the This reference request MUST be returned to with the DES/DDD address on the outside, so	ne person with developmenth this form is appreciated and law. the HCBS local office lister	ntal disabilities or in the rend strict confidentiality in don the reverse. If maili	esidence/facility of the regard to your responses ng, fold this form in half
Print Person's Name Providing Reference (L Address (No., Street)			
City			Code
Daytime Phone No Even	ing Phone No		
State the length of time you have known the	applicant Years:	Months:	
Type of Aquaintance (Check all that apply)	Supervised Applicant	Worked with Applican	t Friend
	Neighbor	Other:	
Indicate your feelings on how you believe the your knowledge of any characteristics and/or individuals.		•	
Indicate if you have any reason to believe th developmental disabilities.	at the applicant would not	oe suited to provide servi	ces to individuals with
If the applicant was a former employee, wou Additional Comments Which Will Help In Eva		Yes No	
Person's Signature Providing Reference	FOR OFFICE USE (ONI V	Date
Interviewed by Phone Yes No			
Internal consult Olimentons	Fillit interviewer's Name		Date

See page 2 for EOE/ADA disclosures

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DDD-0403A FORFF (9-19) (Refer to A.A.C. R6-6-1504) (Replaces DD-403,B,C,D)

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

omental Disabilities