

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS

REFERENCE SHEET FOR EACH OWNER/OPERATOR  
OF A CHILDREN'S RESIDENTIAL FACILITY

**INSTRUCTIONS:** List the names and addresses of two persons unrelated to each owner/operator who can attest to the owner's/operator's character and reputation, the name and address of the owner's/operator's banking institution, and present and past employer(s), if any, with the last five years. Duplicate the sheet as necessary for each owner/operator.

NAME OF FACILITY: \_\_\_\_\_

NAME OF OWNER/OPERATOR: \_\_\_\_\_

<u>NAMES</u>	<u>ADDRESSES</u>
Personal References 1.	
2.	
Banking Institution and Contact	
Employer(s) <input type="checkbox"/> Current <input type="checkbox"/> Past	
<input type="checkbox"/> Current <input type="checkbox"/> Past	
<input type="checkbox"/> Current <input type="checkbox"/> Past	

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
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REFERENCE SHEET FOR OFFICERS OF THE BOARD  
OF A CHILDREN'S RESIDENTIAL FACILITY

Check and complete one option below:

No, this facility does not have a Board of Directors. Signature And Title of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, this facility has a Board of Directors. If yes, complete information below.

**INSTRUCTIONS:** For three officers of the Board, including the president, secretary/treasurer and a member-at-large, list three references not related to the officer who can attest to the officer's character and reputation.

Name of Officer/Title: \_\_\_\_\_

Reference Name:	Address:

Name of Officer/Title: \_\_\_\_\_

Reference Name:	Address:

Name of Officer/Title: \_\_\_\_\_

Reference Name:	Address: