



WAYSIDE YOUTH AND FAMILY SUPPORT NETWORK



Shortstop TLP/THP
1323 Broadway
Somerville, MA 02144
P: (617) 776-3377
F: (617) 628-3915

Reference Worksheet

Applicant Name: _____

Name of Reference: _____

Relationship to applicant: _____

Agency: _____

Telephone: _____

Do you have any knowledge of the applicant ever having been placed on probation or have any legal charges pending?

What is the reason the applicant became homeless?

What are some of the applicants strengths?:

Areas in which the applicant can develop:

Do you feel that this applicant will be successful in this program? What do you base your decision on?:

Signature: _____
Date: _____