



High Quality Care Nursing, Inc.

217 MAIN STREET LAUREL MD 20707

The applicant below would like to be accepted by High Quality Care Home Health agency as a Home care. If accepted, she/he will work as a Home care nurse for children with special needs. You will be contacted by our Agency to confirm this reference.

TO BE COMPLETED BY APPLICANT

1. Name of applicant: _____
Address _____ City _____ State _____
Zip _____

TO BE COMPLETED BY A PERSON GIVING REFERENCE

2. Name of reference: _____
Address _____ City _____ State _____
Zip _____ Telephone: _____
4. How long have you known the applicant: _____
5. How do you know the applicant? (Example: employer, neighbor, friend etc.) _____
6. **Please check the most appropriate box regarding applicant's abilities:**

Abilities	Excellent	Very Good	Good	Poor	Don't Know
Communication Skills					
Work Quality					
Emotional Stability					
Reliability					
Patience and flexibility					
Pleasantness of demeanor					
Ability to work with other					

7. Please describe why you think the applicant would be suitable for the job:

8. Please provide any additional comments about the applicant's character:

I confirm that the information provided is accurate and complete and consent to being contacted should further clarity on the reference be required.

Signature of the reference: _____ Date: _____

TO BE COMPLETED BY HIGH QUALITY CARE PERSONNEL ONLY

When conducting a telephone reference complete the questions listed in the previous section and complete the information requested below.

Name Of Person Giving Reference _____ Relationship _____

Name of the High Quality Care Personnel _____ Date _____