**REFERENCE CHECK FORM**

Response Due Date on or before:

**February 5, 2020, at 3:00 PM EST**

**INSTRUCTIONS: Provide a list of vendors who are willing to provide a reference check for your agency. During this competitive process, a representative from the Indiana Department of Child Services, may contact your reference directly.**

**Please provide the information requested below and submit this reference check form with your response to the RFP for Older Youth Services. Please email form to the Older Youth Services Mail box:** [**OlderYouthQuestions@dcs.IN.gov**](mailto:OlderYouthQuestions@dcs.IN.gov)**.**

**RESPONDENTS NAME**

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**REFERENCES CONTACT INFORMATION**

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| --- | --- |
| **Reference Name** |  |
| **Contact Name** |  |
| **Contact Title** |  |
| **Mailing Address** |  |
| **City, State, Zip** |  |
| **Company Website Address (if applicable)** |  |
| **Contact Telephone Number** |  |
| **Contact Email** |  |
| **Industry of Company**  **(if applicable)** |  |

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| --- | --- |
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