



Michigan Adoption Resource Exchange
 P.O. Box 6128 • Jackson, MI 49204 • (517) 783-6273 • www.mare.org

**CHILD ENTRY FORM
 FOR CHILD APPEARING ON MARE WEB SITE
 (for recruitment purposes)**

For MARE use only
 Post Mark Date _____
 Late? Y N
 Off Hold? Y N
 MARE # _____
 Date Listed _____

Child's Name: _____
 LAST FIRST

Date of Birth: _____ DHS Case #: _____

Permanent Custody Date: _____ Legally Free _____ Legal Risk _____ County of Commitment: _____

Race/Ethnic: _____ Gender: Male _____ Female _____

Is this child being photolisted with other siblings at this time? Yes _____* No _____** Total # of sibs to be placed together: _____
 *Name(s) of Sibling(s): _____
 **If "No," why not?: _____

Are foster parents or relatives interested in adopting this child? Yes _____ No _____

Is there any other interested family at this time? Yes _____ No _____

If "yes" to any of the above, explain reason for photolisting: _____

CHILD'S PERSONALITY

Provide a **STRENGTH-BASED** description of the child including positive characteristics, likes, interests, and special talents:

CHILD'S HEALTH & DEVELOPMENTAL STATUS

Areas of impairment: (Circle all that apply and explain how this is demonstrated in daily functioning)

Physical/Medical Issues: None Mild Moderate Severe
 Please list specific diagnosis (if any) and describe how this impacts daily functioning:

Emotional/Behavioral/ Mental Health Issues: None Mild Moderate Severe
 Please list specific diagnoses (if any) and describe how any of these issues impacts daily functioning:

Developmental/Cognitive Issues: None Mild Moderate Severe
 Please describe specific delays (if any) and how this impacts daily functioning:

Is this child expected to function independently as an adult? Yes _____ No _____ May Need Assistance _____

