

Michigan Adoption Resource Exchange

FAMILY REGISTRATION FORM

FIRST APPLICANT

*Name: _____

*Date of Birth: _____

*Marital Status: _____

*Race: _____

Occupation: _____

Religion: _____

SECOND APPLICANT

*Name: _____

*Date of Birth: _____

*Marital Status: _____

*Race: _____

Occupation: _____

Religion: _____

*Family's Street Address: _____

*City: _____ State: MI *Zip Code: _____ *County: _____

* Family's Email: _____ *Family's Phone: _____

Secondary Email: _____ Secondary Phone: _____

CHILDREN CURRENTLY IN HOME

First Name	Date of Birth	Gender	Race	Relationship (Birth, Foster, Adoptive, Other)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY DESCRIPTION (Feel free to attach a separate document if you wish to write more):

* Indicates Required Field



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TYPE OF CHILD(REN) FOR WHICH FAMILY IS APPROVED TO ADOPT

***Child Gender** Male Female Both ***Age Range** _____ to _____
* **Siblings?** Yes No ***No. of Siblings** _____

***RACE OF CHILD** (Check all that apply)

Black White American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Hispanic Multi Race Other

***CHILD IMPAIRMENTS**

(Please check highest level desired)

Physical Level: None Mild Moderate Severe

Additional Comments: _____

Emotional Level: None Mild Moderate Severe

Additional Comments: _____

Mental Level: None Mild Moderate Severe

Additional Comments: _____

Learning Level: None Mild Moderate Severe

Additional Comments: _____

(For more information about impairment levels, please read our “Impairment Level Guidelines” located under “View Photolistsings”)

For us to better understand the child(ren) you would like to have in your home, please take a minute to go through this list of potential behaviors or impairments that children may have. Indicate if you are **unwilling to accept a child with that characteristic by checking the box.** If you select “Other,” please give more detail.

- Physical All
- Physical Premature Birth
- Physical Amputee
- Physical Asthma
- Physical Blindness
- Physical Cancer
- Physical Cerebral Palsy
- Physical Craniofacial Anomalies
- Physical Cystic Fibrosis
- Physical Deaf - Complete
- Physical Dwarfism
- Physical Encopresis
- Physical Enuresis
- Physical Epilepsy
- Physical Fetal Alcohol Syndrome
- Physical Fetal Alcohol Spectrum Disorder (FASD)
- Physical Kidney Disease
- Physical Muscular Dystrophy
- Physical Neurofibromatosis

* **Indicates Required Field**

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- | | |
|------------------------------------|--|
| <input type="checkbox"/> Physical | Paralysis – Partial Parapalegic |
| <input type="checkbox"/> Physical | Respiratory Problems |
| <input type="checkbox"/> Physical | Rheumatoid Arthritis |
| <input type="checkbox"/> Physical | Scoliosis |
| <input type="checkbox"/> Physical | Seizure Disorder |
| <input type="checkbox"/> Physical | Sickle Cell Anemia |
| <input type="checkbox"/> Physical | Speech Disorder |
| <input type="checkbox"/> Physical | Spina Bifida |
| <input type="checkbox"/> Physical | Tourette Syndrome |
| <input type="checkbox"/> Physical | Hearing Loss – Partial |
| <input type="checkbox"/> Physical | Heart Defect |
| <input type="checkbox"/> Physical | Visually Impaired |
| <input type="checkbox"/> Physical | Wheelchair Dependent |
| <input type="checkbox"/> Physical | Other: |
| <input type="checkbox"/> Emotional | All |
| <input type="checkbox"/> Emotional | Sexual Abuse |
| <input type="checkbox"/> Emotional | Adjustment Disorder |
| <input type="checkbox"/> Emotional | Anorexia |
| <input type="checkbox"/> Emotional | Bulimia |
| <input type="checkbox"/> Emotional | Attachment Disorder |
| <input type="checkbox"/> Emotional | Bipolar Disorder |
| <input type="checkbox"/> Emotional | Conduct Disorder |
| <input type="checkbox"/> Emotional | Depression |
| <input type="checkbox"/> Emotional | Generalized Anxiety Disorder |
| <input type="checkbox"/> Emotional | Obsessive Compulsive Disorder |
| <input type="checkbox"/> Emotional | Oppositional Defiant Disorder |
| <input type="checkbox"/> Emotional | Post Traumatic Stress Disorder |
| <input type="checkbox"/> Emotional | Psychosis |
| <input type="checkbox"/> Emotional | Reactive Attachment Disorder |
| <input type="checkbox"/> Emotional | Schizophrenic Affective Disorder |
| <input type="checkbox"/> Emotional | Schizophrenia |
| <input type="checkbox"/> Emotional | Separation Anxiety Disorder |
| <input type="checkbox"/> Emotional | Takes Psychiatric Medication |
| <input type="checkbox"/> Emotional | Cruelty to animals |
| <input type="checkbox"/> Emotional | Damages to property |
| <input type="checkbox"/> Emotional | Fire setting |
| <input type="checkbox"/> Emotional | Masturbates in public |
| <input type="checkbox"/> Emotional | Physically acts out towards others |
| <input type="checkbox"/> Emotional | Runs away |
| <input type="checkbox"/> Emotional | Sexually acts out towards others |
| <input type="checkbox"/> Emotional | Sexually provocative behavior |
| <input type="checkbox"/> Emotional | Stealing |
| <input type="checkbox"/> Emotional | Lying |
| <input type="checkbox"/> Emotional | Other: |
| <input type="checkbox"/> Mental | All |
| <input type="checkbox"/> Mental | Asperger's Syndrome |
| <input type="checkbox"/> Mental | Autism Spectrum Disorder |
| <input type="checkbox"/> Mental | Down Syndrome |
| <input type="checkbox"/> Mental | Drug Exposed in Utero |
| <input type="checkbox"/> Mental | Mental Retardation – Cause Not Specified |
| <input type="checkbox"/> Mental | Metal Retardation – Genetic |

* Indicates Required Field

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- Mental Shaken Baby Syndrome
- Mental Other:
- Learning All
- Learning Central Auditory Processing Disorder
- Learning Developmental Articulation Disorder
- Learning Dyslexia
- Learning Expressive Language Disorder
- Learning Motor Skills Disorder
- Learning Non-specific Learning Disorder
- Learning Receptive Language Disability
- Learning Receives services for occupational therapy
- Learning Receives services for speech therapy
- Learning Receives services for physical therapy
- Learning Attention Deficit Disorder
- Learning Attention Deficit Hyperactive Disorder
- Learning Other:

Comments about impairments: _____

***Please check all applicable:**

- Family has foster care experience
- Family is currently licensed for foster care
- Family has adoption experience
- Family is currently approved for adoption

***Date Family Assessment/homestudy approved or latest update completed:** _____

***Worker Name:** _____

***Worker's Agency:** _____

***Agency's Address:** _____

***Worker's Phone # and Extension:** _____

***Worker's Email Address:** _____

Optional:
Name of MARE Navigator: _____



Please send completed form to:
MARE
3840 Packard Rd. Suite 170
Ann Arbor, MI 48108

*** Indicates Required Field**

For MARE Use Only

Rcvd Date: _____
Ltr to fam: _____
Ltr to wkr: _____
Ok from fam: _____
Ok from Wkr: _____
Consent: _____
Date on Reg: _____