**MATCH SUPPORT PROGRAM**

**REFERRAL FORM**

Michigan Adoption Resource Exchange

Family Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: | | Email: | |
| Address (street number and name): | | | |
| City: | State: MI | Zip code: | Phone Number: |

Family’s Adoption Worker:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Email: | |
| Agency Name and Address: | | | |
| City: | State: MI | Zip code: | Phone Number: |

MARE Matched Child Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | | C#: | |
| Child’s Adoption Worker Name: | | Email: | | |
| Agency Name and Address: | | | | |
| City: | State: MI | | Zip code: | Phone Number: |

Date of Match:

Type of Match (Foster, Relative or Recruited Family):

Has the Intent to Adopt form been signed (Yes or No)?

If No, please explain the circumstances that is preventing this.

Who is making this referral?