**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?