**MATCH SUPPORT PROGRAM**

**REFERRAL FORM**

**Family Information:**

|  |  |  |
| --- | --- | --- |
| Name/s: | | Has Family Signed Intent to Adopt:  Yes  No |
| Street Address, City, Zip: | | |
| Phone Number: | Email Address: | |
| Family’s Adoption Worker Name: | Agency: | |
| Agency Street Address, City, Zip: | | |
| Worker Phone Number: | Worker Email Address: | |
| Type of Match:  Recruited Family  Youth’s Current Foster Family  Relative | | Date of Match: |

**MARE Matched Youth Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | C#: | | Was Youth Ever Photolisted on MARE:  Yes  No |
| Child’s Adoption Worker Name: | | Agency: | |
| Agency Street Address, City, Zip: | | | |
| Adoption Worker Phone Number: | | Adoption Worker Email Address: | |
| Foster Care Worker Name: | | Foster Care Worker Agency or MDHHS: | |
| Foster Care Worker Phone Number: | | Foster Care Worker Email Address: | |

**Referrer Information:**

|  |  |
| --- | --- |
| Name: | Title/Role: |
| Phone Number, if not included above: | Email Address, if not included above: |

For questions or additional information, please contact Match Support Program Supervisor,

Julie Miller, at 734-528-2002 or Julie\_Miller@judsoncenter.org.