**Michigan Adoption Resource Exchange**

**3840 Packard Rd, Suite 170. Ann Arbor, MI 48108**

**(800) 589-MARE** [www.mare.org](http://www.mare.org/)

**CHILD-SPECIFIC ADOPTION RECRUITMENT PLAN**

**FOR CHILD PHOTOLISTED ON MARE WEBSITE**

**(To accompany child profile, photo and Confirmation of Conversation\* page from Youth Adoption Recruitment Booklet, “Let’s Talk about Finding Your Forever Family)**



*(Note: Per Michigan Adoption Policy, A child-specific recruitment plan must be sent to MARE with the Child Profile and a photo within 60 days of termination or acceptance of the case if there is no identified adoptive resource. If the child is age 9 or older, worker must also submit a signed MARE Recruitment Consent page. A photolisting registration is NOT considered complete until all items are received by the MARE office.)*

**Child’s Name:****MiSACWIS Person ID: (Formerly DHS Case Number)**

**Date of Birth:****TPR Date:****Date of Child Specific Recruitment Plan:**

**Child’s Gender: Male Female Gender Diverse/Non-Binary** *(Please discuss with the youth and select the gender to be listed on their MARE profile.)*

**Child’s Pronouns: He/Him She/Her They/Their Other (please specify)**

**Have you submitted a Child Profile and photo for this child?** **Yes** **No If NO, when should MARE expect it?**

**Foster Care Worker Name:****Agency:****Address:**

**Adoption Specialist Name:****Agency:****Address:**

**Child’s Current Placement:**

**Name of Current Placement/Caregiver:      Address:      Type of placement:**

**Date of placement:       If residential, anticipated date of discharge:**

**Was the child (if age 9 or older) consulted about the development of this recruitment plan?**

**Yes** **No**

**If Yes, Date of Meeting:****Participants:**

**Please describe the child’s or youth’s desires regarding an adoptive family:**

**If No indicate why:**

**Siblings:** (Only need to include siblings also in care and available for adoption. If siblings with an adoption goal are not being recruited for together, written MCI approval of the sibling split must be provided to MARE)

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| --- | --- | --- | --- | --- | --- |
| **Name of sibling** | **Date of birth** | **Federal Goal** | **Amount and Type of Sibling Contact (Face to Face, telephone, etc.)** | **Should be placed together**  **(Yes or No)** | **Rationale if not being placed together** |
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**Recruitment Team: Include all parties who should be consulted and have agreed to help find a permanent home for the child. *(****adoption worker, foster care worker, therapists, current and past foster parent(s), maternal and paternal relatives, teachers, Wendy’s Wonderful Kids recruiter, community member(s), fictive kin, mentor, LGAL, attorneys, specific MARE staff****) The youth should also provide input regarding anyone they would like on their Recruitment Team.***

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| --- | --- | --- | --- |
| **Name** | **Agency or Relationship** | **E-mail** | **Phone Number** |
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**Barriers towards Recruitment:** (Child Specific barriers to be documented)

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| --- | --- | --- | --- | --- |
| **Barrier** | **Efforts in place to eliminate barrier** | **Resources needed** | **Person Responsible** | **Date to eliminate the barrier or indicate if on-going** |
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**Characteristics of a preferred adoptive family:**

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| --- | --- | --- | --- |
| **Family Characteristics** | **Check if this characteristic is preferred by the youth** | **Check if this characteristic is preferred by the worker** | **Rationale for this Decision** |
| **S****ingle male parent** |  |  |  |
| **Single female parent** |  |  |  |
| **Two parent male female** |  |  |  |
| **Two male parents** |  |  |  |
| **Two female parents** |  |  |  |
| **Experienced parents** |  |  |  |
| **No other youth in the home** |  |  |  |
| **Youth needs to be the oldest youth in the home** |  |  |  |
| **Youth needs to be the youngest youth in the home** |  |  |  |
| **No preference whether the youth being the oldest or youngest in the home** |  |  |  |
| **Pets** |  |  |  |
| **Rural environment** |  |  |  |
| **Urban environment** |  |  |  |
| **Racial or cultural similarities** |  |  |  |
| **Family is open to gender identity/gender expression differences** |  |  |  |
| **Other: specify under rationale** |  |  |  |

**Important people to the child/youth:** *(Past or existing supports who should be or have been consulted about a permanent home for the child/youth)*

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| --- | --- | --- | --- | --- | --- |
| **Relationship**  **to the child** | **Name of Contact** | **Phone Number** | **Contact Date** | | **Result of Contact** |
| **Current FC provider** |  |  |  |  | |
| **Past FC providers** |  |  |  |  | |
| **CPS worker** |  |  |  |  | |
| **Therapist** |  |  |  |  | |
| **Teachers** |  |  |  |  | |
| **Former Neighbors** |  |  |  |  | |
| **Friends** |  |  |  |  | |
| **Friend’s families** |  |  |  |  | |
| **Maternal relatives** |  |  |  |  | |
| **Paternal relatives** |  |  |  |  | |
| **Fictive Kin** |  |  |  |  | |
| **Sibling’s relatives** |  |  |  |  | |
| **Siblings’ adoptive families** |  |  |  |  | |
| **Other:** |  |  |  |  | |

**Important organizations to the child/youth:** *(Include all organizations that should be or have been consulted about a permanent home for the child/youth or who support the child/youth****)***

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| --- | --- | --- | --- | --- | --- |
| **Relationship**  **(examples)** | **Name of Contact** | **Phone Number** | **Contact Date** | **If planned for coming year, Deadline Date** | **Result of Contact** |
| **Scouts** |  |  |  |  |  |
| **Boys & Girls Clubs, YMCA, etc.** |  |  |  |  |  |
| **Churches** |  |  |  |  |  |
| **Wendy’s Wonderful Kids** |  |  |  |  |  |
| **Mentoring Organization** |  |  |  |  |  |
| **GLBT Organization or center** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**Recruitment Activities:** *(Include specific, detailed information on efforts to recruit an adoptive family for this child that have been completed to date as well as those planned if this child remains available for adoption and unmatched in the coming year.)***Document plan to complete activities selected by the child on the MARE Recruitment Consent form.**

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| --- | --- | --- | --- | --- |
| **Activity** | **Person Responsible** | **Past effort completed on (date)** | **Planned effort to achieve by (date)** | **Results/ Comments** |
| **Reviewed case record** |  |  |  |  |
| **Talked with current and past foster care and CPS workers** |  |  |  |  |
| **Talked with therapists** (past and current) |  |  |  |  |
| **Inter-agency contacts** |  |  |  |  |
| **Sent profile and photo to MARE** |  |  |  |  |
| **Link to MARE photo listing on agency website** |  |  |  |  |
| **MARE Recruitment Video** |  |  |  |  |
| **Newspaper articles** |  |  |  |  |
| **Radio broadcasts** |  |  |  |  |
| **Television** |  |  |  |  |
| **Flyers** (include where they were posted) |  |  |  |  |
| **Newsletters** (include which organizations) |  |  |  |  |
| **Posters** (include where they were posted) |  |  |  |  |
| **Recruitment Booth (include locations)** |  |  |  |  |
| **Youth Panel** |  |  |  |  |
| **Youth Organizations** |  |  |  |  |
| **Adoption Fairs/Matching Events** |  |  |  |  |
| **Community Events** |  |  |  |  |
| **Follow up mailings/contacts** |  |  |  |  |
| **Faith Community Outreach** (Prayer Cards) |  |  |  |  |
| **Other** (specify details under comments) |  |  |  |  |

**Follow-Up:**

Child-specific recruitment plans must be discussed in a face-to-face case review meeting on a quarterly basis for children without an identi­fied adoptive family. ***(This recruitment plan must be reviewed by the Adoption Specialist at 3 months, 6 months and one year. An updated recruitment plan must be submitted to MARE annually.):***

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| --- | --- |
| **Updated Recruitment Plan Due to MARE with Photolisting Update *(1 year from original photolisting submission or last update):*** | **Date Due:** |

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**Adoption Specialist Signature Date**

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**Supervisor Signature Date**

***PLEASE NOTE: MARE is responsible for reviewing all recruitment plans to ensure they meet the best-practice standards set by DHHS. If this recruitment plan does not meet those standards, MARE will contact the assigned adoption worker or supervisor to provide technical assistance and request revisions. Please save an electronic copy of this plan for your records. It may need to be revised, changed or updated in the future.***

***For MARE Use Only:***

***Date Recruitment Plan Reviewed:******Reviewed by:******Meets Best Practice Standards:*** ***Yes*** ***No If No, date worker/supervisor contacted to provide TA:***