**MATCH SUPPORT PROGRAM**

**REFERRAL FORM**

**Family Information:**

|  |  |
| --- | --- |
| First and Last Name/s: | Signed Consideration or 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.