

Email:

SEND COMPLETED FORM TO:

Email: joes@mareinc.org
Joseph Sandagato
Massachusetts Adoption Resource Exchange
45 Franklin Street, 5th Floor
Boston, MA 02110

Phone: 617-54-ADOPT (542-3678) ext.122 FAX: 617-542-1006 / Toll-free: 866.306.6603



Getting to Know Our Family Resource - Spokespeople

Parent 1 First Name: Last Name: Address: City: State: Zip: □Home □Home Phone 1: Phone 2: Type: □Cell Type: □Cell □Work □Work Email: Occupation: Religion/Community of faith/Other beliefs: Race: Ethnicity: Languages spoken: DOB: Please check if you were or are currently enlisted in the U.S. Military Parent 2 First Name: Last Name: Address: State: Zip: City: □Home ПНоте □Cell Phone 2: Phone 1: Type: Type: ПСell □Work □Work Email: Occupation: Religion/Community of faith/Other beliefs: Race: Ethnicity: Languages spoken: DOB: Please check if you were or are currently enlisted in the U.S. Military **Family Summary Parent Information** Parent(s) Demographics How did your family hear about Massachusetts Adoption Resource Exchange (MARE)? Parent(s) Caseworker Information: Please list your current caseworker. If you do not have a caseworker, please list the name and agency that completed your homestudy: First Name: Last Name: Address: City: State: Zip: Agency: Phone:

How did you become aware of AdoptMassachusettsKids.org (please check all that apply)?





☐ MARE ☐ AdoptUSKids ☐ Ad Campaign ☐ Facebook/Twitter ☐ DCF Staff ☐ Web search ☐ Other:											
Child / Youth Information (Please specify the number)											
Total number of children in	family:	Children	currently	in the home:							
Children by adoption:	Children by birth:			Children fostering:							
Number of other children in relationship (e.g. grandchild	the home, please specify d, niece, nephew, step-child	Iren):									
Travel / Participation Option Yes, I/we are willing to travel (Please define acceptable of the second secon		, i.e.									
All of MA, Boston/Metro, W	orcester and West, etc.):										
††	Media E	xperie	nce								
Parent 1 – Are you willi	ng to speak with:										
☐ T.V. ☐ Radio ☐ Newspaper ☐ Magazines ☐ Other Families (informational events, adoption parties, etc.) ☐ Online:											
		If	If so, please list or provide a link:								
Do you have experience sp conferences) or to the med	eaking publically (i.e. panel ia?	ls,									
			, ,								
		<u> </u>	r so, whei	n and where?							
Have you represented MAF	RE as a spokesperson?										





Parent 2 – Are you willing to speak with:

☐ T.V. ☐ Radio ☐ New ☐ Online:	vspaper ☐ Magazines ☐ Of	ther Families (informational e	vents, adoption parties, etc.)						
		If so, please list or pro	If so, please list or provide a link:						
Do you have experience sp	peaking publically (i.e. panels	,							
conferences) or to the med	ia?								
		If so, when and where	 e?						
Have you represented MAF	RE as a spokesperson?								
Do your child(ren) or youth have experience speaking to the media & are comfortable doing so? Yes No									
Would they be interested in	n being a member of our Spea	akers Bureau? 🛮 Yes 🗖 N	No						
Please list the local media	outlets with which you have f	amiliarity:							
Radio		T.V.							
Newspaper		Other							
топораро.		C illor							
Recognition Have you received any awards or recognition as a result of adoption, foster or kinship care? Please list									
1.									
2.									
3.									
4.									





MARE Registered Family?

								Please list the child/ren that were identified on MAREinc.org:							
Yes, our registered family profile on MAREinc.org was selected by a worker for a child/ren.															
Child / Youth 1															
First Name:					Last	Name:									
Ethnicity:	Race:				:		Age of child at the time of adoption:					:			
DOB:				Date of adop	otion:				State where child placed from						
Child/Youth Caseworker Information															
First Name:					Last N	lame:	e:								
Address:					City:		State: Zip:								
Agency:					Phone	e:									
Email:															
Demographi	ics (Ple	ease ch	neck all	I that apply):											
☐ Child four	nd on M	/IAREin	c.org												
☐ Child was	adopte	ed from	anothe	er state or cou	nty										
☐ Sibling gro	oup ado	option:	child wa	as adopted wi	th sibli	ngs									
☐ Adopted of	child wa	as a tee	n at tim	ne of adoption											
☐ Kinship ad	doption	/ Relat	ion:												
☐ Resides ir	n home	;													
☐ Child is cu	urrently	in foste	er care												
Other:															





Child / Youth 2

First Name:			Last N	lame:									
Ethnicity:	Race:						Age o	Age of child at the time of adoption:					
DOB:				Date of adop	otion:				State whe	ere ch	ild plac	ed from	
Child/Youth	Casew	orker I	nforma	ation									
First Name:					Last Na	ame:							
Address:					City:	City: State: Zip:							
Agency:					Phone:								
Email:													
Demographics (Please check all that apply): Child found on MAREinc.org Child was adopted from another state or county Sibling group adoption: child was adopted with siblings Adopted child was a teen at time of adoption Kinship adoption / Relation: Resides in home Child is currently in foster care Other:													
Child / You	th 3												
First Name:					Last N	Name:							
Ethnicity:				Race:			Age o	of child	at the time	of a	doption:		
DOB:				Date of ado	otion:				State where child placed from				
Child/Youth	Casew	orker I	nforma	ation									
First Name:					Last Na	ame:							
Address:					City:				State:		Zip:		
Agency:					Phone:								
Fmail:													





Demographics (Please check all that apply):												
☐ Child found on MAREinc.org												
☐ Child was adopted from another state or county												
☐ Sibling gr	☐ Sibling group adoption: child was adopted with siblings											
Adopted child was a teen at time of adoption												
☐ Kinship adoption / Relation:												
☐ Resides in home												
☐ Child is c	urrently in fo	ster care										
Other:												
Child / Youth 4												
First Name:			Last Name:									
Ethnicity:		Race:			Age of child at the time of			e of a	doption:			
DOB:	Date of adoption:							State where child placed from				
Child/Youth	Caseworke	er Informa	ation									
First Name:				Last Nar	ne:							
Address:				City:		State: Zip:						
Agency:				Phone:								
Email:												
Demograph ☐ Child four	•		that apply):									
☐ Child was	adopted fro	m anothe	r state or cou	nty								
☐ Sibling gr	oup adoption	n: child wa	as adopted wi	th sibling	s							
☐ Adopted of	child was a t	een at tim	e of adoption									
☐ Kinship a	doption / Re	lation:										
Resides i	n home											
☐ Child is c	urrently in fo	ster care										
Other:												
Child / You First Name: Ethnicity: DOB: Child/Youth First Name: Address: Agency: Email: Demograph Child four Child was Sibling gr Adopted of Kinship ad Resides it Child is come	ics (Please adopted from thild was a transfer doption / Rein home	check all inc.org m anothe n: child wa een at tim	Date of adoption that apply): r state or course adopted wi	Last Nar City: Phone:	me:	Age	of child	State whe		ild place		





Child / Youth 5

Ollina / Tou	0												
First Name:					Last	Name:							
Ethnicity:	Race				:		Age of child at the time of adoption					:	
DOB:			Date of add	ption:				State wh	ere cl	nild plac	ed from		
Child/Youth	Casev	vorker I	nform	ation									
First Name:					Last N	Name:							
Address:					City:				State:		Zip:		
Agency:					Phone	e:							
Email:													
Demographi	ics (Pl	ease ch	eck al	l that apply)	:								
☐ Child four	nd on N	//AREind	c.org										
☐ Child was	adopte	ed from	anothe	er state or co	unty								
☐ Sibling gro	oup ad	option: o	child w	as adopted v	vith sibl	ings							
☐ Adopted of	child wa	as a tee	n at tim	ne of adoptio	n								
☐ Kinship ad	doption	/ Relati	on:										
Resides in	n home)											
☐ Child is cu	urrently	in foste	er care										
Other:													
AdoptMassacl application are Exchange and Adoption Reso oversight prov Children's Bur	e solely d do not ource E rided by reau.	the respondences the Mas	onsibilit arily rep . Grant sachus	y of the Adopt resent the offi funding for Ad etts Adoption	Massac cial view loptMas Resourc	husettsk vs of Ado sachuse ce Excha	ids.org ptMas ttsKids nge in	g and the sachuset org is pr cooperat	MassachutsKids.org ovided as pointed as poin	or the part of doptU	Adoptior Massac f a natior SKids ar	n Resourd husetts nal grant on nd the	with
is confidential. Massachusett without your c	. Your ir s Adopt onsent.	nformatio ion Resc	n will n ource E	ot be shared v xchange and o	vith anyo our natic	one outs onal partr	de of a	AdoptMas AdoptUS	ssachusett 6Kids and 0	sKids. Childre	org, the en's Bure	eau staff	
acts as my sig Exchange to c	contact a	any child	welfare	e professional	s who ha	ave assis	ted m	y family o	r my child.		·		ource
Parent 2 sigr	nature:							Date	<u> </u>				