



19 Needham Street, Suite 206, Newton, MA 02131
 Phone: 617-964-MARE (6273) or 1-800-882-1176
 Fax: 617-244-3983
www.mareinc.org

MARE use ONLY	
Date Received:	
Reg. Form	___/___/___
Photos	___/___/___
Reg. No.	_____
Page No.	_____

Please include as much information as possible to allow us to best recruit for a child/teen. We will use discretion in what information is appropriate to be shared with the public.

Child's Name: _____
 First Middle Last Date of Birth Nickname Alias (Only if Legal Risk)

Gender: Male ___ Female ___ Other ___ **Year child entered care** _____

Legal Status: Free ___ Risk ___ **Comments** _____

Is child to be adopted as part of a sibling group? Yes ___ No ___ If yes, indicate total number of children in group: _____

Does child need contact with other siblings? Yes ___ No ___ If yes, please describe: _____

Does child need contact with other birth family? Yes ___ No ___ If yes, please describe: _____

Race/Ethnicity: (Please check *all* that apply.)

African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___

Primary Language Spoken: _____ **Other Language(s) Spoken:** _____

Where does child presently live:

___ Foster Home: what town? _____

___ IFC Home: what town? _____

___ Residential/Group Care: name & town _____

Area(s) of Special Needs (Please be as descriptive as possible):

Physical (Describe):

Intellectual (Describe):

Emotional (Describe):

Receiving Therapy? Yes ___ No ___

Recommended Family Constellation (Please check all that apply.)

- Two parents (female and male) Two Parents (2 females) Two parents (2 males)
 Single parent (female) Single Parent (male) No preference

If same sex couples and single parents will not be considered, please give clinically appropriate reason:

- With older child(ren) With younger child(ren) With no children No preference

Other considerations for placement:

Please indicate areas to be avoided in recruitment (such as a specific community or region):

Social Worker Information

Recruitment Worker

Adoption Worker

Agency

Agency

Address: City, State, Zip Code

Address: City, State, Zip Code

Phone

Fax

Phone

Fax

E-mail

E-mail

Because it is important to present a child in a perspective most relevant to a parent, adoption/recruitment social workers are encouraged to seek current information from the child's caretakers in order to successfully complete this form.

INDIVIDUALITY/PERSONALITY (How does child describe him/herself? How do others describe child's character? Describe various aspects of the child's personality. Think about what is unique about this particular child (e.g. sexual orientation/gender identity, temperament, sense of humor)

INTERESTS (Describe what child enjoys doing. Be specific: if the child likes to play outside, what does she do outside?)

TALENTS (Describe unique aspects of child in terms of what he/she does best. Highlight the child's uniqueness and strengths.)

ASPIRATIONS (Describe what child wants to be in the future – career or educational goals. Ask child about goals and dreams or “what they want to be when they grow up.”)

FAMILY LIFE (Describe child’s interaction and behavior in a family or residential setting. What aspects of the child’s environment help her to do well? Include information that might help identify a family who has a home environment that might be a good fit for this child.)

SCHOOL LIFE (Describe child’s academic functioning, grade level, school behavior, peer relationships, what they like/dislike in school.)

SPECIAL NEEDS (Describe child’s disabilities, challenges, therapy, treatment. Be specific about how the needs/diagnosis presents in this particular child. Describe what the child is able to do despite the challenge of a specific disability.

PLACEMENT REQUIREMENTS (Include what child wants in a family and worker’s recommendations. If there are visits/connections a child will need to maintain after placement, please describe.)

IF THIS CHILD COULD HAVE ONE WISH, WHAT WOULD IT BE? (Ask the child! The child’s answer can either be about the type of adoptive family they hope to have or a more general wish.)

IMPORTANT: Once this form is received, MARE will begin the matching process for this child. In order to include the child in the MARE Photolisting®, you must include a close up photo of child, ideally one in which his/her face is at least 2 inches high. For siblings, please send a group photo along with the individual photographs of the children. You can e-mail photos to your Child Services Coordinator at MARE in .jpg format with the child’s full name. If you have a problem getting good quality photographs, please call MARE for assistance.

Form completed by

Date

Signature