



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:			
Phone 1:			Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone 2:			Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email:				Occupation:								
Religion/Community of faith/Other beliefs:												
Race:			Ethnicity:				Languages spoken:					
DOB:				<input type="checkbox"/>	Please check if you were or are currently enlisted in the U.S. Military							

Parent 2

First Name:				Last Name:								
Address:				City:			State:		Zip:			
Phone 1:			Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone 2:			Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email:				Occupation:								
Religion/Community of faith/Other beliefs:												
Race:			Ethnicity:				Languages spoken:					
DOB:				<input type="checkbox"/>	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:							
Email:											
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 the home, please specify relationship (e.g. grandchild, niece, nephew, step-children):			
Travel / Participation Options: Yes, I/we are willing to travel! (Please define acceptable geographic area(s) of travel, i.e. All of MA, Boston/Metro, Worcester and West, etc.):			

††

Media Experience

Parent 1 – Are you willing to speak with:

<input type="checkbox"/> T.V. <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazines <input type="checkbox"/> Other Families (informational events, adoption parties, etc.) <input type="checkbox"/> Online:	
Do you have experience speaking publically (i.e. panels, conferences) or to the media?	If so, please list or provide a link:
Have you represented MARE as a spokesperson?	If so, when and where?

Parent 2 – Are you willing to speak with:

T.V. Radio Newspaper Magazines Other Families (informational events, adoption parties, etc.)
 Online:

Do you have experience speaking publically (i.e. panels, conferences) or to the media?	If so, please list or provide a link:
Have you represented MARE as a spokesperson?	If so, when and where?

Do your child(ren) or youth have experience speaking to the media & are comfortable doing so? Yes No

Would they be interested in being a member of our Speakers Bureau? Yes No

Please list the local media outlets with which you have familiarity:

Radio		T.V.	
Newspaper		Other	

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?

<input type="checkbox"/> Yes, our registered family profile on MAREinc.org was selected by a worker for a child/ren.	Please list the child/ren that were identified on MAREinc.org:

Child / Youth 1

First Name:		Last Name:	
Ethnicity:		Race:	
Age of child at the time of adoption:		DOB:	
Date of adoption:		State where child placed from	

Child/Youth Caseworker Information

First Name:		Last Name:	
Address:		City:	
Agency:		State:	
Phone:		Zip:	
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 / Youth 2

First Name:				Last Name:			
Ethnicity:			Race:			Age of child at the time of adoption:	
DOB:			Date of adoption:			State where child placed from	

Child/Youth Caseworker Information

First Name:				Last Name:			
Address:				City:		State:	
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 / Youth 3

First Name:				Last Name:			
Ethnicity:			Race:			Age of child at the time of adoption:	
DOB:			Date of adoption:			State where child placed from	

Child/Youth Caseworker Information

First Name:				Last Name:			
Address:				City:		State:	
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 / Youth 4

First Name:		Last Name:	
Ethnicity:		Race:	
Age of child at the time of adoption:			
DOB:		Date of adoption:	
		State where child placed from	

Child/Youth Caseworker Information

First Name:		Last Name:	
Address:		City:	
		State:	
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 / Youth 5

First Name:				Last Name:			
Ethnicity:			Race:			Age of child at the time of adoption:	
DOB:			Date of adoption:			State where child placed from	

Child/Youth Caseworker Information

First Name:				Last Name:							
Address:				City:			State:		Zip:		
Agency:				Phone:							
Email:											

Demographics (Please check all that apply):

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- Other:

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Any information that you provide to AdoptMassachusettsKids.org and The Massachusetts Adoption Resource Exchange is confidential. Your information will not be shared with anyone outside of AdoptMassachusettsKids.org, the Massachusetts Adoption Resource Exchange and our national partners at AdoptUSKids and Children’s Bureau staff without your consent.

I affirm that the information provided is true to the best of my knowledge. I understand that by typing my name below it acts as my signature and gives authorization for AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange to contact any child welfare professionals who have assisted my family or my child.

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____