



**Massachusetts
Adoption
Resource
Exchange, Inc.**

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MARE USE ONLY:	
Date Rec'd:	_____
Write-up:	Y N
Photo:	Y N
Photolisting fee:	Y N
Reg. No.:	_____

FAMILY REGISTRATION

We are pleased that you are interested in registering with MARE. Families with completed and approved homestudies can register with MARE. Once registered, your criteria will be compared with the needs of the children registered with MARE to identify potential matches. When matches are identified, MARE will forward your homestudy to the child's social worker. Follow-up on such referrals is at the discretion of the child's social worker. There is no fee for this service. PLEASE NOTE THAT A COMPLETED AND APPROVED HOMESTUDY IS REQUIRED FOR REGISTRATION.

◆ **HOMESTUDY / FAMILY WORKER INFORMATION**

Date Homestudy Completed / Last Updated: _____ (mm/dd/yy)
Family Worker: _____ **Agency:** _____
Address: _____
Street *City* *State* *Zip Code*

Phone#: _____ **Fax#:** _____ **Email:** _____

◆ **FAMILY INFORMATION**

CONTACT 1
Name

First Last
Date of Birth Gender

Ethnicity: (for demographic purposes; please check <u>all</u> that apply.)
<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other
<i>If other, please specify:</i> _____
Occupation: _____
Work Phone #: _____
Email: _____

CONTACT 2 (if applicable)
Name

First Last
Date of Birth Gender

Ethnicity: (for demographic purposes; please check <u>all</u> that apply.)
<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other
<i>If other, please specify:</i> _____
Occupation: _____
Work Phone #: _____
Email: _____

Mailing Address: _____
Street

City *State* *Zip Code*

Home Phone#: _____

◆ **HOUSEHOLD COMPOSITION**

Children currently living at home: (If no child is in the home, write *NONE* on the blank _____)

Males: _____	Ages: _____	Number of Biological: _____	Number of Adopted: _____
Females: _____	Ages: _____	Number of Biological: _____	Number of Adopted: _____

Other adults currently living in home: _____
 Primary Language spoken at home: _____
 Other Language (s): _____

◆ **FAMILY'S CHILD PREFERENCES**

Sex: Male **Legal** Free **Age** **No. of children**
 Female **Status:** Legal Risk **Range:** _____ **preferred:** _____
 Either Either

Will your family be open to child's contact: **With siblings?** Yes No **With birth parents?** Yes No

Ethnicity: (Please check all that apply.)

<input type="checkbox"/> Any racial background	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
	<input type="checkbox"/> Asian	<input type="checkbox"/> Latino	<input type="checkbox"/> Mixed background (please specify _____)

Areas of Special Needs: (Please choose the highest level of need your family will consider.)

<u>Physical</u>	<u>Emotional</u>	<u>Intellectual</u>
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate (with medical and/or developmental disability)	<input type="checkbox"/> Moderate (with behavior/social problems; therapy recommended)	<input type="checkbox"/> Moderate (with learning disabilities; needing special education)
<input type="checkbox"/> Severe (needing medical care & attention; not able to live independently)	<input type="checkbox"/> Severe (with personality disorder; needing constant supervision and therapy)	<input type="checkbox"/> Severe (with global delays)

Would you like to be added to the *Exchange News* (MARE quarterly newsletter) mailing list: Yes No
 If yes, would you like to receive by: Hardcopy Email _____

Would you like to be added to our Adoption Party mailing list: Yes No (held in MA only)
 If yes, would you like to receive by:: Hardcopy Email _____

Would you like MARE to register your family with other Adoption Exchanges? Yes No

Would you like to receive information on how to create a Family Profile? Yes No

To complete this registration, you are: Mailing Faxing Emailing us your homestudy

Additional Questions or Comments: _____

<u>Contact 1</u>	<u>Contact 2</u>
_____	_____
Signature	Signature
_____	_____
Date	Date