



ND Post Adopt Network Referral Form

If you are a parent/family wanting services, please call or email us to access services.

If you are a referral source, complete this form and scan/email, or mail this form to the address located below and a ND Post Adopt Coordinator will follow up with you. You can also contact ND Post Adopt Network by phone: toll free 844-454-1139 or at postadopt@catholiccharitiesnd.org.

Mail:

ND Post Adopt Network
Catholic Charities North Dakota
Attention: Post Adopt Supervisor
5201 Bishops Blvd Suite B
Fargo, ND 58104

Referring Agency

Name: _____ **Date:** _____

Agency: _____

Address (City, state, zip): _____

Phone: _____ **Email:** _____

Family Information

First/Last Name: _____

Address (City, state, zip): _____

Cell Phone Number: _____ **Email:** _____

The total number of foster and/or adopted youth currently in the household: _____

Child/ren's Name(s) and ages: _____

**Which of the following best describes the family's adoption/guardianship experience(s)?
This will help us provide resources that are most relevant to the family:**

Adoption through Adults Adopting Special Kids (Date of finalization): _____

Guardianship (Date of Court Order): _____

Private Adoption (Specific agency, if applicable): _____

International Adoption (Specific agency, if applicable): _____

Adopted through another State (Specify State): _____





Based on the list below, are there specific resources the family is searching for? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Referral for therapeutic services | <input type="checkbox"/> General Inquiries and/or Questions |
| <input type="checkbox"/> Mentorship support | <input type="checkbox"/> Short-Term Crisis Intervention Services |
| <input type="checkbox"/> Community Resources | <input type="checkbox"/> Supportive Services |
| <input type="checkbox"/> Training and Education | <input type="checkbox"/> Adoption/Guardianship Parent Support Group |
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Camp Connect/Winter Retreat |
| <input type="checkbox"/> Contact with Birth Family or Adoptive Family | <input type="checkbox"/> Other: _____ |

How did you learn about ND Post Adopt Network?

- | | |
|--|---|
| <input type="checkbox"/> County Worker | <input type="checkbox"/> PATH Employee |
| <input type="checkbox"/> AASK Adoption Worker | <input type="checkbox"/> Department of Human Services |
| <input type="checkbox"/> CPS Worker | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> ND Post Adopt Website | <input type="checkbox"/> Other: _____ |

Additional Information:

Authorization to Contact Family:

By checking this box you acknowledge that you have received authorization directly from the family to share their contact information with ND Post Adopt Network in order for a Post Adopt Coordinator to contact the family directly. Failing to receive authorization will prevent ND Post Adopt Network from contacting the family.

- I have received authorization from the family.

Does your agency want to be notified of the family utilizing Post Adopt services?

- No Yes *If yes, a completed ROI must be attached*

<i>For Office Use Only</i>	
Coordinator Assigned:	Date Assigned:
Date Agency was notified, if applicable:	
Supervisor Signature:	Date:

