

Post-Adoption Navigator Contact Form

Complete this form and fax, scan/email or mail using the contact information below and a MN ADOPT Post-Adoption Navigator will follow-up with you within 3 business days of receiving this form. If you do not hear from us within this timeframe, please reach out to us by phone (612) 746-5139 or at helpnavigator@mnadopt.org.

Fax: (612) 861-7112

Email: helpnavigator@mnadopt.org

Mail:

MN ADOPT

ATTN: Hannah Burton

2446 University Avenue W, Suite 104

St. Paul, MN 55114



Instructions

Select the option that best describes you and follow the instructions below:

- I'm referring myself:** Complete Section A below and be sure to fill out all required fields.
- I'm a professional referring a family:** Complete both Sections A & B. Failure to get authorization from the family will prevent MN ADOPT from contacting the family.

Section A

Contact Information

First/Last Name _____

City/State/County _____

Phone _____ Email _____

Best way to reach you: Phone Email Either

Date of Adoption Finalization

_____ / _____ / _____

The Navigator can provide your family with information on permanency support services offered in MN based on your family's situation and needs. Based on the list below, are there specific resources you are searching for? (Select all that apply)

- Therapeutic services
- Parent-to-parent support
- Peer support for Youth
- Adoption-Focused Camps, Community Events, & Family activities
- Training opportunities
- Post-adoption educational resources (book, articles, websites, etc.)
- Fetal Alcohol Spectrum Disorder (FASD)
- Other: _____

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

- Adoption through MN Foster Care (specify county/adoption agency, if applicable): _____
- Private Adoption, not through MN Foster Care (specify agency, if applicable): _____
- Tribal Adoption (specify tribe, if applicable): _____
- International Adoption (specify agency, if applicable): _____
- Adopted through another State (specify State): _____

I'm a(n):

- Adoptive parent (post-finalization)
- Pre-adoptive parent (pre-finalization)
- Kinship adoptive parent or Relative caregiver
- Other: _____

The total # of foster and/or adopted youth currently in our household: _____

How did you hear about Post-Adoption Navigator Program?

- DHS
- County Worker
- Adoption Worker
- CPS Worker
- MN ADOPT Website
- MN ADOPT Employee
- Other: _____

Section B (For Professionals Referring a Family)

Contact Information

First/Last Name _____

Organization _____

Phone _____ Email _____

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 MN ADOPT in order for the Post-Adoption Navigator to contact the family directly. Failing to receive authorization will prevent MN ADOPT from contacting the family.

I have received authorization from the family.