

HELP 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 3-5 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: Christina Romo

2446 University Avenue West, Suite 104

Saint Paul, MN 55114



Instructions

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

I am referring myself: Complete Section A below and complete all required fields.

I am a professional referring a family: Complete both Sections A & B. Note: Failure to receive authorization from the family will prevent MN ADOPT from contacting the family.

Section A

Family Contact Information

First/Last Name: _____

Legal Name: _____

Preferred Name: _____

Pronouns: She/her/hers They/them/theirs He/him/his Other _____

City: _____ State/Province: _____ Zip/Postal Code: _____

County of Residence: _____ Country *(if outside the U.S.):* _____

Phone: _____ Email: _____

Preferred Method of Contact: Phone Email Either

Date of Adoption Finalization _____ / _____ / _____

Adoption Agency and/or County Agency _____

Native Nation (if applicable) _____

The HELP Post-Adoption 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)

- Support for Parents & Caregivers
 - Therapeutic Services
 - Peer Support
 - Kinship Adoption/Relative Caregiver Resources
 - Transracial Adoption Resources
 - LGBTQ+ Resources
- Support for Children & Teens
 - Therapeutic Services
 - Peer Support
 - Kinship Adoption Resources
 - Transracial Adoption Resources
 - LGBTQ+ Resources
- Adoption-Focused Camps, Community Events, & Family Activities
- Training Opportunities
- General Adoption-Focused Resources (blogs, book, articles, online resources, etc.)
- Fetal Alcohol Spectrum Disorder (FASD)
- School Supports
- 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): _____
- Native American Adoption (specify Native nation, if applicable): _____
- International Adoption (specify agency, if applicable): _____
- Adopted through another State (specify State): _____

I am a(n):

- Adoptive parent (post-finalization)
- Pre-adoptive parent (pre-finalization)

Anticipated finalization date: _____

- Kinship adoptive parent or Relative caregiver
- Other: _____

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

Age of each child in your home: _____

How did you hear about the HELP Post-Adoption Navigator Program?

- DHS
- County Worker
- Adoption Worker
- HELP Post-Adoption Navigator Outreach (received letter or email)
- MN ADOPT Website
- MN ADOPT Employee
- Other: _____

Would you like to be added to the following email lists to receive monthly updates?

- MN ADOPT Trainings (upcoming workshops & webinars)
- MN ADOPT Monthly Insider Newsletter (upcoming events, services, and resources highlights)
- No, thanks!

Section B (For Professionals Referring a Family)

Professional 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 HELP 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.**