Northern Post Adoption Consortium (NPAC) Referral

*All families are eligible that reside in Virginia and have finalized an adoption for a child ages 0-18 years.
Email Referrals to: inquiry@adoptionsupport.org | Phone inquiries: 703-659-0816

I. Family Information

Parent 1's First Name:	Parent 2's First Name:		
Parent 1's Last Name:	Parent 2's Last Name:		
Parent 1's Phone:	Parent 2's Phone:		
Parent 1's Email:	Parent 2's Email:		
Street Address:	City:	State:	Zip:

III. Services and Supports: (Check all of Interest)

☐ **Information/Referral Only**

All other families will receive a minimum of basic case management services.

☐ **Case Management**

Check other specific needs below:

☐ **Training** ☐ **Respite** ☐ **Crisis Support** ☐ **Support Groups**

☐ **Other** _____

Describe current needs or concerns that NPAC can assist with:

II. Child Information

Child's First Name (adoptive):	Child's DOB (MM/DD/YY):	☐ Male ☐ Female
Child's Last Name (adoptive):		

Length of time in current home:

Does child have biological siblings? ☐ Yes ☐ No
Was child placed with sibling(s)? ☐ Yes ☐ No
Please complete a separate referral for each adopted child in need of services.

IV: Referral Information

Date of Referral: _____ Date of Adoption Finalization: _____

Individual making referral: ☐ Self-referred ☐ Adoption Agency ☐ DSS ☐ Other
If not referred by family, name of referral source: _____

Type of Adoption: ☐ Foster Care: _____Years and _____ months in Foster Care ☐ International Adoption ☐ Domestic Adoption

Post Adoption Worker, if applicable:
Name: _____ Agency: _____
Phone: _____ Email: _____
Supervisor: _____

How did you hear about Northern Post Adoption Consortium (NPAC)?
☐ C.A.S.E. Website ☐ Client ☐ Consortium Partner Agency ☐ Other: _____

Would you like us to send you further information about the Consortium? ☐ Yes ☐ No
How may we communicate with you? (check all that apply) ☐ Phone ☐ Email ☐ Postal Mail
Best time and method to contact you? _____

7.30.2020- For internal use only: Date Submitted: _____ Date Processed: _____ Action Step: _____