

Heart Gallery Referral Form

Child's name	
DOB	
Race	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other
Siblings (if applicable)	
If siblings, recruiting together or separately	
Caseworker's name, phone number, & email address	
Supervisor's name, phone number, & email address	
County of Residence	
County Holding Custody	
Placement Specialist	
Child's bio (150 words minimum) Please include hobbies, likes, dislikes and your favorite thing about the child's personality.	
Does this child have a special medical need or need to make frequent doctor's visits?	
Special concerns that HGA need to be aware of before the shoot (i.e. physical limitations, communication deficits, child's thoughts about adoption, etc)	
Has TPR occurred? If yes, what is the date?	
Are there any counties that the child can NOT be shown on TV or physical exhibits? If yes, please list	
Child(ren) can be featured in: (check all that apply)	<input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> General or child specific recruitment materials <input type="checkbox"/> Newsletter <input type="checkbox"/> Public displays / booths / community events <input type="checkbox"/> Exhibit <input type="checkbox"/> Volunteer Recruitment materials
Do you think this child would benefit from a mentor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like to receive more information

***Please make sure the child is in non-identifying, clean clothes. * Please make sure the child is prepared to be interviewed about adoption-related issues.**

Questions call 205-445-1293 Fax completed form to 205-445-1294 or via email to info@heartgalleryalabama.com

 Signature of child's county caseworker

 Date