STEPS TAKEN TO DETERMINE NEED FOR SURROGATE PARENT FOR CHILDREN IN FOSTER CARE

ild's Name:	EI #
(Last)	(First)
	e this form, keep a copy in the child's case file and send
	Regional Director/EIOD
	n foster care, the SC must send the Foster Care Letter
Parts I and II to the child's Foster Care Cas	
	tion and has been removed from the home, the SC must
send the Foster Care Letter Parts I and II	
Date Foster Care Letter Parts I and II sen Comments:	u:
Comments.	
	ther a surrogate parent needs to be appointed and, if so,
who it should be.	
Date of phone call to FCC://	
Result of discussion:	
1,000 01 0000.00	
	and the second second
Comments:	
4 m D 1 1D1 4 m 0 10	
of the surrogate by signing the form and retu	the information submitted and indicate his/her approval urning it to the SC.
Date approved://	
Date Assignment/Termination of Surroga	cy by EIOD form received from Regional
Director/EIOD:/	and the second of the second o
Comments:	
5. The SC will send conies of the approved	form to the surrogate parent, the evaluation agency/or
service providers, and the FCC.	Total to the stategate parent, and evaluation agency, or
Date copies of this form sent to the above:	
Comments:	
Commonito.	

NYC EARLY INTERVENTION PROGRAM

FOSTER CARE LETTER PART I

RE: Child's Name (Last, First):
EI#: DOB: / /
Foster Care Agency:
Address:
Date:/
Name of Foster Care Caseworker
The above-named child, who is in foster care with your agency, has been referred to/is participating in the NYC Early Intervention Program (EIP) by
If, when you contact the parent(s) to inform her/him of the EIP, the parent indicates a desire to participate in the Early Intervention process, please provide me with the contact information for the parent. You should also share my contact information with the parent. If I cannot reach the parent or if the parent does not contact me within three (3) business days, I will contact you.
 If the parent is unable to participate but would like to designate someone to be a-surrogate parent, please proceed in one of the following ways: If the parent wants to speak with me to discuss the designation, I will contact him/her or s/he can contact me. If I am not able to speak with the parent within three (3) calendar days, I will be in touch with you. If the parent prefers to address the designation process with you, please contact me so that I can complete the Surrogate Parent Designation by Parent form with the name provided to you by the parent or send you the form to complete and return. If the parent does not designate a surrogate, the EIP will assign a surrogate parent with your input, as provided for in Article 25 of the New York State Public Health Law.
If parental rights have not been terminated or voluntarily surrendered and the parent objects to the child's participation in the EIP, check the appropriate box on the Foster Care Letter Part II and return it to me immediately so that I can follow up with the parent. If the parent continues to object, we will close the EI case and send you a copy of the case closure form.
I will be calling you to discuss the possible need for a surrogate parent and who your agency thinks would be most appropriate if a surrogate parent is required and not designated by the parent.
If you have any questions. I can be reached at ()
Sincerely,
SC Signature:
Print Name:
Agency/address:

Foster Care Letter Part I 05/10

NYC EARLY INTERVENTION PROGRAM

SURROGATE PARENT DESIGNATION BY PARENT

RE: Child's Name (Last, First):			<i>j</i> •	4.
EI #:	DOB:	1		
I,(Print Full Na			, 8	am the
(Print Full Na biological or adoptive and legal paren in the NYC Early Intervention Progra	it of the above-named	child. I ack	mowledge that	t I am unable
 I understand that: I may voluntarily designate a parent. That is someone who unable to do so. This person may not be an en I understand that I can withdra 	may make decision oployee of any agency	s about Ear which pro	rly Intervention	on (EI) servic
I hereby designate	te's Full Name)		.(Relationsl	ini i
Surrogate's Address:			•	
				· · · · · · · · · · · · · · · · · · ·
Work:	Home ()			
	Work: ()			
	Cell: ()			
		_ Da	te:/	/
(Signature of Parent)				,
** Check if applicable:			Silver of the second se	

NYC EARLY INTERVENTION PROGRAM

ASSIGNMENT or TERMINATION OF SURROGACY BY EIOD

RE: Child's Name (Last, First):				
EI#:	DOB: / /			
Foster Care Agency:				
Caseworker:				
	Date:/			
☐ ASSIGNMENT				
After consulting with the above Foster Care Caseworker, it h	as been agreed that			
Print Name of Surrogate Parent	Relationship to Child			
may be assigned as the surrogate parent for the above-named child. I have discussed the Early Intervention Program (EIP) with her/him, and s/he is willing to be the child's surrogate parent. I have explained the rights and responsibilities of the surrogate parent in the EIP. Child Information Change Form is attached				
☐TERMINATION				
Name of Surrogate: is terminated as of/	currently assigned. This assignment will need to be			
Please assign the following person for the rea attached.	sons indicated below. Child Information. Change Form is			
Print Name of New Surrogate REASON FOR CHANGE IN SURROGACY:	Relationship to Child			
No new surrogate assignment is necessary; the parent is now available and wants to participate. Child Information Change Form is attached.				
Signature of Service Coordinator				
Print Name	Telephone Number:			
Telephone Number:	Fax Number			
Approved Denied				
EIOD Signature:	Date:/			