

NYC EARLY INTERVENTION PROGRAM

FOSTER CARE LETTER PART I

RE: Child's Name (Last, First):	
EI #:	DOB: / /
Foster Care Agency:	
Address:	

Date: ___/___/___

Dear _____:
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 _____ for service coordination, evaluation, and possible therapeutic services. Please complete the attached Foster Care Letter Part II and return it to me within three (3) business days.

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: _____

NYC EARLY INTERVENTION PROGRAM

ASSIGNMENT or TERMINATION OF SURROGACY BY EIOD

RE: Child's Name (Last, First):	
EI #:	DOB: / /
Foster Care Agency:	
Caseworker:	

To: Assistant Regional Director/EIOD: _____ Date: ___ / ___ / ___

ASSIGNMENT

After consulting with the above Foster Care Caseworker, it has 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 currently assigned. This assignment will need to be terminated as of ___ / ___ / ___

Please assign the following person for the reasons indicated below. **Child Information Change Form** is attached.

Print Name of New Surrogate	Relationship to Child

REASON FOR CHANGE IN SURROGACY:

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: ___ / ___ / ___