

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

Child's Name: _____ EI # _____
(Last) (First)

The service coordinator (SC) must complete this form, keep a copy in the child's case file and send a copy to the Regional Director/EIOD

<p>1. a. Upon receipt of the referral of a child in foster care, the SC must send the Foster Care Letter Parts I and II to the child's Foster Care Caseworker (FCC).</p> <p>b. If the child is already in Early Intervention and has been removed from the home, the SC must send the Foster Care Letter Parts I and II to the child's FCC.</p> <hr style="border-top: 1px dashed black;"/> <p>Date Foster Care Letter Parts I and II sent: ____/____/____</p> <p>Comments:</p>
<p>2. The SC must call the FCC to discuss whether a surrogate parent needs to be appointed and, if so, who it should be.</p> <hr/> <p>Date of phone call to FCC: ____/____/____</p> <p>Result of discussion:</p>
<p>3. The SC must send to the Regional Director /EIOD the Foster Care Cover Letter Part II; Surrogate Parent Designation By Parent form (if done); completed Surrogate Parent Assignment by EIOD form; Child Information Change Form (if needed); and a copy of this form completed through Section 3.</p> <hr/> <p>Date forms sent: ____/____/____</p> <p>Comments:</p>
<p>4. The Regional Director/EIOD will review the information submitted and indicate his/her approval of the surrogate by signing the form and returning it to the SC.</p> <hr/> <p>Date approved: ____/____/____</p> <p>Date Assignment/Termination of Surrogacy by EIOD form received from Regional Director /EIOD: ____/____/____</p> <p>Comments:</p>
<p>5. The SC will send copies of the approved form to the surrogate parent, the evaluation agency/or service providers, and the FCC.</p> <p>Date copies of this form sent to the above: ____/____/____</p> <p>Comments:</p>

**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
FOSTER CARE LETTER PART II**

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

Date: ____/____/____

Dear _____:
(Name of Service Coordinator)

- Parental rights have been terminated or surrendered. Surrogate Parent assignment is necessary.
OR
- I have attempted to contact the parent(s) of the above-named child to discuss the referral to the NYC Early Intervention Program.

The parent(s) responded/did not respond in the following manner (check one):

 - Response received – parent wants to participate in the IFSP process.**
Contact the parent (parent's name) _____ at (____) _____. If you cannot reach the parent, contact me so that I can assist.
 - Response received – parent is unable to participate in the IFSP process and wants to designate someone to be the surrogate parent.** Contact the parent (parent's name) _____ at (____) _____. If you cannot reach the parent, contact me so that I can assist.
 - Response received – parent is unable to participate in the IFSP process and wants to designate someone to be the surrogate parent.** Parent stated that s/he will call you by ____/____/____ to discuss the designation. If you do not hear from the parent by this date, please call the parent (parent's name) _____ directly at (____) _____ or contact me.
 - Response received – parent is unable to participate in the IFSP process and wants to designate someone to be the surrogate parent.** Send me a copy of the surrogate parent designation form, and I will return the form to you or call you with the name of the surrogate parent.
 - Response received – parent is unable to participate in the IFSP process and wants to designate someone to be the surrogate parent.** A surrogate parent is needed.
 - No response from the parent. Surrogate parent is needed.**
 - Response received – parent objects to the child's participation in the Early Intervention process.** Contact the (parent's name) _____ at (____) _____. If the continues to object, I understand that you will close the EI case, and send me a copy of the Closure Form.

Name of Foster Care Caseworker:	
Phone #:	Fax #:
Name of Supervisor	Phone #:

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: ____/____/____