NYC EARLY INTERVENTION PROGRAM

ASSIGMENT or TERMINATION OF SURROGACY BY EIOD

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

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

☐ **ASSIGMENT**

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: _____/_____/_____