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

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).
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.

Date **Foster Care Letter Parts I and II** sent: _____/_____/_____
Comments:

2. The SC must call the FCC to discuss whether a surrogate parent needs to be appointed and, if so, who it should be.

Date of phone call to FCC: _____/_____/_____
Result of discussion:

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.

Date forms sent: _____/_____/_____
Comments:

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.

Date approved: _____/_____/_____
Date **Assignment/Termination of Surrogacy by EIOD** form received from Regional Director /EIOD: _____/_____/_____
Comments:

5. The SC will send copies of the approved form to the surrogate parent, the evaluation agency/or service providers, and the FCC.
Date copies of this form sent to the above: _____/_____/_____
Comments: