

NYC EARLY INTERVENTION PROGRAM

SURROGATE PARENT DESIGNATION BY PARENT

RE: Child's Name (Last, First):	
EI #:	DOB: / /

I, _____, am the
(Print Full Name)

biological or adoptive and legal parent of the above-named child. I acknowledge that I am unable to participate in the NYC Early Intervention Program (EIP) evaluation and treatment process.

I understand that:

- I may voluntarily designate another suitable person to act for me as my child's surrogate (substitute) parent. That is someone who may make decisions about Early Intervention (EI) services while I am unable to do so.
- This person **may not** be an employee of any agency which provides services to my child.
- I understand that I can withdraw or change this designation at any time.

I hereby designate _____
(Surrogate's Full Name) (Relationship)

Surrogate's Address: _____ Apt. No.: _____

Surrogate's Telephone Number: Home (____) _____

Work: (____) _____

Cell: (____) _____

(Signature of Parent) Date: ____/____/____

** Check if applicable:

This form was completed by: _____
(Name and Title)

The name of the of the surrogate parent was provided by the parent during a telephone conversation with an EI staff member or with the foster care caseworker (FCC). Therefore, no parental signature could be obtained.