



**NYC EARLY INTERVENTION PROGRAM  
FOSTER CARE LETTER PART I**

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

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**

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

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

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.

**NYC EARLY INTERVENTION PROGRAM**

**ASSIGNMENT or TERMINATION OF SURROGACY BY EIOD**

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

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.

<b>Signature of Service Coordinator</b>	
<b>Print Name</b>	<b>Telephone Number:</b>
<b>Telephone Number:</b>	<b>Fax Number</b>

Approved

Denied

EIOD Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_