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 #:

Foster Care Letter Part II 05/10