

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

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

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: _____