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