The service coordinator (SC) must complete this form, keep a copy in the child’s case file and send a copy to the Regional Director/EIOD.

### STEPS TAKEN TO DETERMINE NEED FOR SURROGATE PARENT FOR CHILDREN IN FOSTER CARE

**Child’s Name:** ____________________

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1. **a.** Upon receipt of the referral of a child in foster care, the SC must send the *Foster Care Letter Parts I and II* to the child’s Foster Care Caseworker (FCC).
   
   **Date Foster Care Letter Parts I and II sent:** _____/_____/_____  
   **Comments:**

2. **The SC must call the FCC to discuss whether a surrogate parent needs to be appointed and, if so, who it should be.**

   **Date of phone call to FCC:** _____/_____/_____  
   **Result of discussion:**

3. **The SC must send to the Regional Director/EIOD the *Foster Care Cover Letter Part II; Surrogate Parent Designation By Parent* form (if done); completed *Surrogate Parent Assignment by EIOD* form; *Child Information Change Form* (if needed); and a copy of this form completed through Section 3.**

   **Date forms sent:** _____/_____/_____  
   **Comments:**

4. **The Regional Director/EIOD will review the information submitted and indicate his/her approval of the surrogate by signing the form and returning it to the SC.**

   **Date approved:** _____/_____/_____  
   **Date **Assignment/Termination of Surrogacy by EIOD** form received from Regional Director/EIOD:** _____/_____/_____  
   **Comments:**

5. **The SC will send copies of the approved form to the surrogate parent, the evaluation agency/or service providers, and the FCC.**

   **Date copies of this form sent to the above:** _____/_____/_____  
   **Comments:**
NYC EARLY INTERVENTION PROGRAM  
FOSTER CARE LETTER PART I

<table>
<thead>
<tr>
<th>RE:</th>
<th>Child’s Name (Last, First):</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI #:</td>
<td>DOB: / /</td>
</tr>
<tr>
<td>Foster Care Agency:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

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: _______________________________________

Foster Care Letter Part I 05/10
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
NYC EARLY INTERVENTION PROGRAM

SURROGATE PARENT DESIGNATION BY PARENT

<table>
<thead>
<tr>
<th>RE: Child’s Name (Last, First):</th>
</tr>
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<tbody>
<tr>
<td>EI #:</td>
</tr>
<tr>
<td>DOB: / /</td>
</tr>
</tbody>
</table>

I, ________________________________, am the 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: (___) __________________

_________________________________________ Date: _____/_____/_____
(Signature of Parent)

** Check if applicable: **

☐ This form was completed by:______________________________________________  
(Name and Title)

The name 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

| RE: Child's Name (Last, First): | EI #: | DOB: / / |
| Foster Care Agency: | Caseworker: |
| To: Assistant Regional Director/EIOD: _______________________________ Date: ___/___/____ |

☐ ASSIGNMENT
After consulting with the above Foster Care Caseworker, it has been agreed that

<table>
<thead>
<tr>
<th>Print Name of Surrogate Parent</th>
<th>Relationship to Child</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Print Name of New Surrogate</th>
<th>Relationship to Child</th>
</tr>
</thead>
</table>

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.

Signature of Service Coordinator

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

☐ Approved
☐ Denied

EIOD Signature: _______________________________ Date: ___/___/____

Assignment or Termination of Surrogacy Form 5/10