



Surrogate Parent Identification of Need

The purpose of this form is to document the reason for needing and appointing a Surrogate Parent.

Child's Name: _____ **DOB:** _____

Child's Status and Surrogate Parent Determination (Check One and Proceed Accordingly)

Surrogate Parent Needed	Surrogate Parent No Longer Needed
<input type="checkbox"/> Parent/Guardian cannot be identified*	<input type="checkbox"/> Child resides with parent/guardian
<input type="checkbox"/> Parent/Guardian whereabouts are unknown after reasonable efforts have been made by the early intervention system to locate the parent/guardian.*	<input type="checkbox"/> Child resides with "person acting in the place of a parent" (grandparent, relative, stepparent, etc.)
<input type="checkbox"/> Child is a ward of the state residing in a residential facility/group home/etc.*	<input type="checkbox"/> Child is a ward of the state residing with foster parent(s)

Attention: Persons employed by a State Agency, including the Department of Social Services may not serve as a Surrogate Parent or "Person acting in the place of a parent"

Contact Information of Individuals Where Child Resides

Contact Person: _____ **Relationship to Child:** _____

Contact Person's Mailing Address: _____

Home Phone # _____ **Work Phone #** _____ **Cell Phone #** _____

E-mail address: _____

Department of Social Services (DSS) Contact Information

DSS Worker Name: _____ **County / City** _____

Mailing Address: _____

Work Phone # _____ **Cell Phone #** _____

E-mail address: _____

The information contained in this document (including attachments) is true and complete to the best of my knowledge from information gathered through available resources.

Printed Name Signature Date

* Documentation (progress notes, court order, custody agreement, correspondence, etc.) must be attached to this form.