



## 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.