

## REFERRAL OF STUDENTS TO SURROGATE PARENT

STUDENT INFORMATION					
Last	First	Middle	Date of Birth	Gender	ID Number
Student Address: Number		Street		Apt#	Telephone
City		State		Zip	
School		Region		Grade	Teacher or Counselor
Living With		Relationship to Student			
DFS CASE WORKER *OTHER CONTACT PERSON, e.g., RELATIVE, PRIVATE					
Last	First	Middle			Telephone
Student Address: Number		Street		Apt#	Home _____
City		State		Zip	Work _____
					Cell _____
REASON FOR SURROGATE APPOINTMENT					
<input type="checkbox"/> No parent can be identified or located. <input type="checkbox"/> Legal custody of child, all parental rights, and responsibilities for the care and custody of the child have been terminated by court order. <input type="checkbox"/> Other (explain).			Parent (If Known)		
			Address		
		Number	Street	Apt#	
		City	State	Zip	
		Telephone		Home	Work
				Cell	
Pertinent Information					
SPECIAL EDUCATION STATUS					
<input type="checkbox"/> Referred to local screening committee. Date _____			<input type="checkbox"/> Eligible for special education Date of Eligibility _____		
<input type="checkbox"/> Receiving special education. Date of last IEP _____			Area(s) of Eligibility _____		
SUGGESTION FOR SURROGATE PARENT					
Last	First	Middle			Telephone
Student Address: Number		Street		Apt#	Home _____
City		State		Zip	Work _____
				E-mail	Cell _____
OTHER SIGNIFICANT INFORMATION ABOUT THE STUDENT					
REFERRAL SOURCE					
Print Name		Signature		Relationship to Student	Telephone
					Date
FOR DUE PROCESS AND ELIGIBILITY SECTION USE					
<input type="checkbox"/> Surrogate Parent(S) Appointed		Name _____		Date _____	
<input type="checkbox"/> Surrogate Parent(S) Not Appointed		Reason _____			
Termination Date _____		Reason _____			