Parent Request for Surrogate Parent Form

INSTRUCTIONS

Updated: February 3, 2020

Who is responsible: Intake Coordinators and Service Coordinators

Purpose and Use

The purpose of the form is to safeguard the parent’s right to request a surrogate parent in the event circumstances prevent the full participation of the parent, e.g., change in health status, military deployment, etc..

Upon request or following discussion with the parent, the Intake Coordinator or the Service Coordinator must use this form to document the parent’s request for appointment of a surrogate parent. The appointed surrogate parent will function with all rights and protections of a parent under IDEA/Part C, until such time as the parent revokes the request.

Section 1: Child and Parent Information

Enter the child’s legal first and last name, date of birth, and BRIDGES ID number.
Enter the parent’s name, address, phone number(s), and e-mail address.

Section 2: Authorization and Acknowledgment

Review the statement for request of a surrogate parent with the child’s parent. The parent must initial the ‘Yes’ or ‘No’ for each statement.

Section 3: Signatures

The form must be signed and dated by the parent.

Enter the name of the Intake or Service Coordinator name and agency.

All parent requests for appointment of a surrogate parent must be sent to IDEA/Part C State Office by secure fax or e-mail to: [need to designate an e-mail address and secure fax #]. The surrogate parent must be assigned by the IDEA/Part C State Office [or designee] within 30 calendar days of receipt of the request.