Surrogate Parent Verification of Training Form

INSTRUCTIONS

Who is responsible: Intake Coordinators and Service Coordinators

Purpose and Use

The purpose of this form is to document that individuals serving as surrogate parents have received appropriate training to prepare for the surrogate parent role and have received information from the Intake Coordinator or Service Coordinator about the child the surrogate will represent. Surrogate parents must be appointed within 30 calendar days of identification of need.

This form must be completed by the Intake Coordinator or Service Coordinator, with input from the source providing training to the surrogate parent and signed by the surrogate parent.

Section 1: Child Information

Enter the child’s legal first and last name, date of birth, and BRIDGES ID number.

Enter the name of the assigned surrogate parent.

Section 2: Documentation of Training

Enter the name of the person who conducted the surrogate parent training and their agency, phone number, and address. Enter the date of surrogate parent training. If the training took place at a location other than the address of the agency providing the training, enter that location (name of city/town and state); otherwise, enter ‘same as above.’

Section 3: Acknowledgement and Signature of Surrogate Parent

The assigned surrogate parent must initial each acknowledgement, sign and date the form, and enter the phone number and e-mail address of the assigned surrogate parent.

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