



### Request for Appointment of Surrogate Parent

1.) Child's Name:			
DOB:		Mailing address:	
City/Town:		State:	
Zip code:		Telephone:	

Name of:

Foster parent(s)

House parents, or

Other (please specify relationship)


2.) Is the child a State ward?	Yes	No
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If no, please skip to question #4.

Student welfare status code:

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3.) Child's social worker:	
Regional office:	
Telephone:	

4.) Are the child's parents unknown or unable to be located?	Yes	No
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Please attach documentation of efforts to locate.

5.) Please identify the child's:		
School:		School address:
Principal:		Telephone:
Teachers:		

OR

Please identify the child's:

CDS site:

Site address:

CDS coordinator:

Telephone:

CDS case manager:

6.) Please identify the child's disability:

7.) Last school system child attended?

8.) Please identify the child's current programming and/or placement:

Referred to IFSP/IEP only	Resource room	Composite classroom
Self-contained classroom	Public special day school	Private day school
Residential treatment center	Home/hospital bound	Childcare
No programming	Other (please identify)	

9.) Please identify any special considerations for appointing a surrogate parent (e.g., alternative communication system, foreign language, minority group).

10.) Can you recommend any individual that could serve as this child's surrogate parent?

Name:

Relationship to child:

Address:

Telephone:

11.) Individual making referral:

Name:

Title:

Telephone:

Date:

**Please return to:** Maine Department of Education, Surrogate Parent Program, 23 State House Station, Augusta, ME 04333-0023.  
Telephone: (207) 624-6650  
Website: <http://www.maine.gov/education/surr/index.html>

Updated November 2012