

**Request for Appointment of Educational Surrogate Parent**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | DOB: |  |
| Disability: |  |  |  |
|  | | | |
| Is the child an unaccompanied youth?  YES  NO | | Is the child a State Ward? YES  NO | |
| Child’s Current Caregiver/Agency: | | DHHS Caseworker: | |
| Contact: | | Regional Office: | |
| Address: | | Address: | |
| City, State Zip: | | City, Zip: | |
| Phone: | | Phone: | |
|  | | | |
| Current School Name: | | Special Ed. Director: | |
| Address: | | Phone: | |
| City, Zip: | | Notes: | |
| Education Contact: | |
| Phone: | |
| Current Programming/Placement: | None  Referral  Public School (Regular Ed, Resource, Self-Contained, Day Treatment, Other)  Special Purpose Private School (Day Only)  Residential Treatment Center  Home/Hospital | | |
|  | | | |
| Are there any special considerations for appointing an educational surrogate parent? | | | |
| **Recommendation for Educational Surrogate Parent:** Grandparents, Extended Family/Friends; Former Foster Parents; In some cases, biological parents have served for state wards with the approval of DHHS | | | |
| Name: | | Relationship to child: | |
| Address: | | Email: | |
| City, State, Zip: | | Phone: | |
| Name: | | Relationship to child: | |
| Address: | | Email: | |
| City, State, Zip: | | Phone: | |
|  | | | |
| **Name & title of Individual making referral**: | | Date: | |
| Email: | | Phone: | |
| |  | | --- | | **Additional information/comments:** | | | | |

Please return to:

**Email: sarah.ferguson@maine.gov**

**Fax: (207) 624-6683**

**Mail:**

**Maine Department of Education**

**Surrogate Parent Program**

**23 State House Station**

**Augusta, ME 04333-0023**

**Contact – Sarah Ferguson**

**207 592-6498**

Updated 10/26/21