

**Request for Appointment of Educational Surrogate Parent**

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| 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:  |
|

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| **Additional information/comments:** |

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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