



## Assignment of Surrogate Parent Form

Child's Name:	Date of Birth:
BabyNet Service Coordinator:	BNSC Telephone Number:
BN SC Agency:	BNSC Email Address:
BNSC Agency Address:	

### SECTION 1

**A surrogate parent must be appointed based upon one of the findings below:**

- Child is a ward of the State. Attach court documentation.
  
- Unable to locate the parent, guardian, person with legal custody or person in loco parentis. Attach documentation as proof that a reasonable effort has been made to locate.
  
- Parent(s) have requested that a surrogate be appointed to represent the child. Attach Completed Parent Authorization for Surrogate Assignment Form.
  
- Foster Parent does not wish to serve as child's surrogate parent. Attach copy of service coordination notes indicating that foster parent did not want to serve as the child's surrogate parent.

### SECTION 2

#### **BABYNET STATE OFFICE USE ONLY**

Based on the above findings, \_\_\_\_\_ has been assigned as the surrogate parent for this child to represent him or her in all matters relating to the determination of eligibility, evaluations, assessments, Individualized Family Service Plan (IFSP) services, procedural safeguards and any other matters required under Part C of the Individuals with Disabilities Education Act (IDEA). This person is an adult with no interest that conflicts with the interest of the child, has knowledge and skills that ensure adequate representation of the child, is capable of becoming acquainted with the child's BabyNet record and is not an employee of any agency (public or private) involved in the care of the child. The surrogate parent is not an employee of BabyNet solely because he or she is paid to serve as surrogate parent.

Name of Surrogate Parent: \_\_\_\_\_ Date Appointed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

BN State Office Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**INSTRUCTIONS**  
Assignment of Surrogate Parent Form  
SCFS/BN020 rev 01apr2011

**A. Purpose**

To request assignment of surrogate parent when child is a ward of the State; or parent/guardian, legal custodian, or person in loco parentis cannot be located; or parent(s) request assignment of surrogate parent; or foster parent does not wish to serve as child's surrogate parent.

**B. Uses**

The BabyNet Service Coordinator (BNSC) uses this form to request assignment of a surrogate parent.

**C. Instructions**

The BNSC enters the child's name and date of birth.

The BNSC enters the BNSC name, telephone number, agency name, BNSC email address, and agency address.

*Section 1:* The BNSC checks the section that applies and attaches documentation described.

The BNSC sends the Assignment of Surrogate Parent Form to the appropriate BabyNet Program Associate

*Section 2:* The appropriate BabyNet Program Associate completes this section and returns a copy of the Surrogate Parent Form to the BNSC.