

**New Castle County Office**

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Wilmington, DE 19804

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302.856.9880

**Toll-free Statewide**

888.547.4412

**www.picofdel.org**

**SURROGATE PARENT APPLICATION**

**Contact Information**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street Name/Number*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip*

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Employment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Name/Number*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip*

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Information: Please answer the following by circling “Yes” or “No”.**

1. Are you at least eighteen (18) years of age? **Yes No**
2. Are you a legal resident of the United States? **Yes No**
3. Are you an employee of a public or private agency/school that **Yes No**

is responsible for, or involved in the education or care of the child who requires an Educational Surrogate Parent? If yes, please explain:

*(Example: Do you work for a school district or a State agency or any agency where the child receives services?)*

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1. Are you an approved foster parent? **Yes No**

 If so, what agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you fluent in a foreign language? If yes, please specify: **Yes No**
2. Are you proficient in sign language? **Yes No**

Why do you want to volunteer as a Surrogate Parent?

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***The information I have provided is accurate and complete.***

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Print Name (Surrogate Parent Applicant) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature – (Surrogate Parent Applicant)*  Date

**AGREEMENT of VOLUNTEER SERVICES**

between the Surrogate Parent and

the Surrogate Parent Program/Parent Information Center of DE

A Surrogate Parent is a volunteer who assumes the parental rights for an eligible child under the Individuals with Disabilities Education Act (IDEA). A Surrogate Parent acts as the child’s “parent” for Early Intervention or Special Education purposes only. The Surrogate Parent is to be included in all team decisions related to Early Intervention or Special Education and Related Services.

As a Surrogate Parent, I agree to:

\_\_\_\_\_\_\_\_\_\_ identify myself as a Surrogate Parent when participating in meetings and on all

 correspondence

\_\_\_\_\_\_\_\_\_\_ conduct myself in a professional and respectful manner

\_\_\_\_\_\_\_\_\_\_ notify the Surrogate Parent Program with questions or concerns about my role

\_\_\_\_\_\_\_\_\_\_ communicate regularly with the Surrogate Parent Program Coordinator

\_\_\_\_\_\_\_\_\_\_ keep information about the child confidential

\_\_\_\_\_\_\_\_\_\_ follow school/agency rules, policies and codes of conduct

\_\_\_\_\_\_\_\_\_\_ participate in required training to maintain my Surrogate Parent status

|  |
| --- |
| **Requirements for NEW Surrogate Parents** |
| 1. Participate in an initial training that includes the role and responsibilities of a Surrogate Parent and an overview of early intervention or special education services and the foster care system.2. Participate in annual refresher training (format varies) to maintain eligibility status.  |
| **Requirements for Existing Surrogate Parents** |
| 1. Participate in annual refresher training (format varies) related to Surrogate Parent Program  updates, early intervention or special education news and other relevant topics. Fulfil the annual  refresher training requirement by participating in a PIC sponsored event or an individual on-line  training (as needed) provided by Surrogate Parent Program Coordinator.  |

I understand that my role a Surrogate Parent may be discontinued if my actions/advocacy is found to not be in the best interest of my child.

**Name of Surrogate Parent:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIINT SIGNATURE

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Date received by Surrogate Parent Program/PIC*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_