PARENT INFORMATION CENTER OF DELAWARE (PIC)
Request for Appointment of a SURROGATE PARENT Referral Form

Birth to Three Regional Programs or B23 (for children ages birth to three years old)

I am requesting that a Surrogate Parent be appointed fora child who receives, or may be in need of, early intervention or special education and related services as mandated by the Individuals with Disabilities Education Act and Delaware State Special Education Regulations (Title 14, Chapter 31). Appointments are made by the Delaware Department of Education after a recommendation from PIC. ***Referrals that contain incomplete or inaccurate information will be delayed in processing.***

DFS Worker: _____Title: _____

Phone: _____Email: _____

Signature_____ Date_____
I certify that the statements made in this request are true and correct to the best of my knowledge.

*****CHILD INFORMATION * CHILD INFORMATION * CHILD INFORMATION * CHILD INFORMATION ***CHILD INFORMATION *****
Child's Name: _____

Date of Birth: _____**Sex:** _____ **Primary Language:** _____

Attorney GAL Name_____ Email address _____

CASA Name _____ Email address _____

Where is child residing (circle)? Foster Parent Adoptive Resource Relative Other

Name _____**Email:**_____

Address: _____

Phone (home):_____**Phone (cell):**_____

*******PLEASE INDICATE CURRENT OR PROPOSED ACTION*******

Birth to Three Regional Programs (B23) services: CHECK ONLY ONE.
_____Permission to evaluate for B23 eligibility _____Participation in IFSP planning/meeting

B23 Contact Person: _____Title: _____
Phone: _____Email: _____

Services that involve a school district: CHECK ONLY ONE.
_____Permission to evaluate for special education services ____Transition meeting with B23 and school district
_____Participate in eligibility/IEP meeting

For services involving a school district, THIS AREA MUST BE COMPLETED with the district's Child Find department information.
School District: _____
Child Find Contact Name _____
Phone: _____Email: _____

Reason for Referral:

Mother	**Father**	
_____	_____	Termination of Parental Rights
_____	_____	Agency, after making reasonable efforts, cannot locate a parent
_____	_____	Parent cannot be identified
_____	_____	Parent whereabouts unknown
_____	_____	Child is in the custody of a public welfare agency (DFS, DSCYF)
_____	_____	Child is an unaccompanied homeless youth under McKinney-Vento

Email this form to: Kathie Herel
kherel@picofdel.org
Parent Information Center of DE
Surrogate Parent Program
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Wilmington, DE 19804
(302) 999-7394 ext. 1110 Phone
www.picofdel.org