

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 for a 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? ☐ 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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