



DCYF CASE STATUS FOR EARLY INTERVENTION (EI)

Child's Name _____

Date of Birth ____/____/____

PLEASE PROVIDE WRITTEN CONFIRMATION OF DCYF CASE STATUS FOR THE CHILD'S EI RECORD (CHECK ONE ONLY):

1. _____ **Terminated Parental Rights**
(Checking this status will allow the Surrogate Parent Program Coordinator to appoint a surrogate parent to make decisions for the child in Early Intervention. This appointment is valid only in matters pertaining to the Early Intervention Program.)
2. _____ **Parent(s) Whereabouts Unknown**
(Checking this status will allow the Surrogate Parent Program Coordinator to appoint a surrogate parent to make decisions for the child in Early Intervention. This appointment is valid only in matters pertaining to the Early Intervention Program.)
3. _____ **Voluntary Placement; Parent(s) wish(es) to participate in EI and make decisions for the child in all EI matters**
(Checking this status will require no action from the Surrogate Parent Program Coordinator.)
4. _____ **Voluntary Placement; Parent(s) waive(s) rights to make educational decisions**
(Checking this status requires you to provide a signed waiver from the biological parent's of the child and will allow the Surrogate Parent Program Coordinator to appoint a surrogate parent to make decisions for the child in Early Intervention. This appointment is valid only in matters pertaining to the Early Intervention Program.)
5. _____ **Child is in temporary or permanent custody on an abuse/neglect or dependency petition and resides in home with birth parents. Parent(s) wish(es) to participate in EI and make decisions for the child in all EI matters**
(Checking this status will require no action from the Surrogate Parent Program Coordinator.)
6. _____ **Child is in temporary or permanent custody on an abuse/neglect or dependency petition and resides outside of the home**
(Checking this status will allow the Surrogate Parent Program Coordinator to contact the parent(s) by sending a certified letter indicating that the parent must contact the Surrogate Parent Program Coordinator within **ten days** to indicate intention to participate in EI and make decisions for the child in all Early Intervention matters; otherwise, a surrogate parent will be appointed.)

DCYF Worker _____

Tel: _____

Signature: _____

Date: _____

Biological Parent: _____

Tel: _____

Address: _____

PLEASE FAX BACK TO:

EI Provider Contact: _____

Address: _____

Tel: _____ Fax: _____ Email: _____