Title: Surrogate Parents

Policy: Dauphin County MH/ID shall ensure that the rights of a child referred or eligible for tracking or early intervention services are protected by the appointment of a surrogate parent.

Procedure:

1. At the time of the initial intake, the service coordinator will determine if there is a need for a surrogate parent. The service coordinator will make the determination that a child is in need of a surrogate parent, with approval by the early intervention Service Coordinator supervisor or the County EI Program Specialist. A child is in need of a surrogate parent under the following conditions:
   A. No biological parent, legal guardian, or person acting in place of the child’s parents (such as grandparent, custodial stepparent, or surrogate) can be identified.
   B. When the service coordinator, after reasonable attempts, cannot locate the parents.
   C. When the child is under the supervision of a local Children & Youth agency and the birth parents are unknown or unavailable.
   D. Under special circumstances (e.g. incarceration, living a long distance from the child), the service coordinator may suggest that the parent consider voluntarily requesting a surrogate.

2. A Surrogate Parent Agreement form (attachment #1) must be completed in order to validate the attempts to locate the biological parent(s) and the reason for appointment of a surrogate parent, and to document the surrogate parent.

4. Responsibilities of the Surrogate Parent: The responsibilities of a surrogate parent include, but are not limited to:
   A. Attending a planning conference to develop an IFSP and implement the IFSP as appropriate for a child.
   B. Becoming familiar with appropriate procedures of mediation, due process, and confidentiality of records.
   C. Receiving notices concerning evaluation and services for the child.
   D. Participating in training programs on surrogate responsibilities.
   E. Monitoring the child’s service plan and being committed to the child in this respect.
   F. Initiating necessary mediation, hearing/appeal procedures regarding the identification, evaluation, or early intervention services of the child.

Attachment I

DAUPHIN COUNTY EARLY INTERVENTION PROGRAM

SURROGATE PARENT AGREEMENT

Surrogate Parent: _______________________________ Date: __________________

The Dauphin County Early Intervention Program has determined that __________________________ needs a surrogate parent. ___________________________ is certified to act as a surrogate parent and is willing to represent the interests of __________________________ for the following Early Intervention Program activities and responsibilities:

1. Attending a planning conference to develop an IFSP and implement the IFSP as appropriate for the child.
2. Becoming familiar with appropriate procedures of mediation, due process and confidentiality of records.
3. Receiving notices concerning evaluation and services for the child.
4. Participating in training programs on surrogate responsibilities.
5. Monitoring the child’s service plan and being committed to the child in this respect.
6. Initiating necessary mediation, hearing/appeal procedures regarding the identification, evaluation, or early intervention services of the child.

____________________________ is in need of a surrogate for the following checked reason:

____ No biological parent, legal guardian or person acting in place of the child’s parents (such as grandparent, custodial step parent, or surrogate) can be identified.
____ The parent cannot be identified.
____ The whereabouts of an identified parent, after reasonable efforts, cannot be discovered.
____ The child is in the legal custody of a county children and youth agency and:
    ____ The birth parents cannot be identified
    ____ The whereabouts of the birth parents, after reasonable efforts, cannot be discovered.
    ____ The birth parents are deceased, and the child has no other parent.
    ____ The parental rights of the birth parents have been terminated, and the child has no other parent.
____ Other reason ____________________________

Signing below verifies the Surrogate parent:

1. Has no interests that conflict with the interests of the child the surrogate parent represents.
2. Has knowledge and skills that ensure adequate representation of the child.
3. Is willing to assume the responsibilities of being a surrogate parent.
4. Is not an employee of an agency or person providing early intervention services or other services to the child or to any family members of the child.
5. Is not an employee of any State agency.
6. If necessary, has the approval of the Children and Youth agency responsible for the child.

Surrogate Parent Signature: _______________________________ Date: __________________

Service Coordinator Signature: _______________________________ Date: __________________