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*North Carolina Infant-Toddler Program*

*SURROGATE PARENT APPOINTMENT LETTER*

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| Child’s Name: | |  | | | | Date of Birth: |  |
| Date: |  | |  | | | | |
| Dear |  | |  | | | | |
|  | | | | | | | |
| Thank you for your participation as a North Carolina Infant-Toddler Program surrogate parent. This letter confirms your appointment in this role under the Infant-Toddler Program. As a surrogate parent, you will represent the above-named child in all Infant-Toddler Program matters related to: | | | | | | | |
| * Providing all needed consents such as consent for evaluation or service delivery and authorization for the release of information; * Evaluations and assessments, including being present and contributing as appropriate; * The development, implementation, and signing of the Individualized Family Service Plan (including reviews, annual meetings); * The ongoing provision of early intervention services; and * Any other rights established under the NC Infant-Toddler Program. | | | | | | | |
| A surrogate parent is considered to be the parent as defined by the Infant-Toddler Program and is afforded all rights given to parents and their children under the Infant-Toddler Program. You will have the same access to the child’s record and other written information, as does any parent. A surrogate parent is appointed specifically to protect the rights of the child under the Infant-Toddler Program, but is not legally liable for actions taken in good faith on behalf of the child in protecting these rights. The role of surrogate parent does not require you to be responsible for the care, maintenance, or financial support of the child. As a surrogate parent, you do not have the authority to act on behalf of the child outside of the Infant-Toddler Program. If you agree to accept this responsibility, please sign and return one copy of this letter to the address below. | | | | | | | |
| Sincerely, | | | | | | | **Contact Information for CDSA:** | |
| Children’s Developmental Services Agency (CDSA) Director or Designee: | | | | | | |  | |
|  | | | | | |  |  | |
| (Print or Type Name) | | | | |  |  |  | |
|  | | | | | |  |  | |
| Signature | | | | | |  |  | |
|  | | | | | |  |  | |
| I agree to accept this role as surrogate parent. | | | | | |  | |
|  | | | |  |  | | |
| Surrogate Parent Signature | | | |  | Date | | |