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***北卡罗来纳州婴幼儿计划***

***代理父母委任终止函***

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| 儿童姓名： | | | |  | | | | | 出生日期： | | |  |  |
| 日期： | |  | | | |  | | | | | | | |
| 尊敬的 | |  | | | | |  | | | | | | |
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| 感谢您作为北卡罗来纳州婴幼儿计划代理家长的参与： | | | | | | | | | | | | | |
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| 您的参与帮助婴幼儿计划确保了所有必要和可用的早期干预服务均得以提供。您不再需要继续作为代理家长，因为： | | | | | | | | | | | | | |
|  | 您已经选择放弃这一责任。 | | | | | | | | | | | | |
|  | 您已经表明您不再能够有效地代表孩子了。 | | | | | | | | | | | | |
|  | 您不再符合成为代理家长的标准，或者 | | | | | | | | | | | | |
|  | 孩子的情况发生了变化，不再需要代理父母。 | | | | | | | | | | | | |
|  | 其他 | |  | | | | | | | | | | |
| 您作为此孩子的代理家长的角色将终止生效 | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |
| 如果您对这一决定有任何疑问，请随时联系我们的办公室。再次感谢您付出的时间和支持。 | | | | | | | | | | | | | |
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| 此致， | | | | | | | | | | | **CDSA 联系信息：** | | |
| 儿童发展服务机构 (CDSA) 主管或指定人员： | | | | | | | | | | |  | | |
|  | | | | | | | |  | |  |  | | |
| （Print or Type Name） | | | | | | | |  | |  |  | | |
|  | | | | | | | |  | |  |  | | |
| Signature | | | | | | | |  | |  |  | | |