A student is eligible for a Surrogate Parent in a number of situations, the most common of which is when the student, age 3-21, needs *or may need* special education andis under guardianship of DCF. Pursuant to Connecticut law, “Provision shall be made for the prompt referral to a planning and placement team of all children who have been suspended repeatedly or whose behavior, attendance or progress in school is considered unsatisfactory or at a marginal level of acceptance.” Districts, as well as DCF, have a legal obligation to report to the Commissioner of Education when a child *may* require a Surrogate Parent. Requests for a surrogate may be emailed or faxed and a request may be made on this form or in any other manner that includes: 1. The child’s name, 2. Date of birth, 3. Current address, and 4. Contact information for the referring school or agency. DCF and District personnel are encouraged to contact the Surrogate Parent Office by e-mail with any questions they may have about referral or education of children in care. You may attach, email or fax any additional information you think would be helpful.

|  |  |  |
| --- | --- | --- |
| 1. | Date of this request: |       |

|  |  |  |
| --- | --- | --- |
| 2. | Last name of student: |       |
|  | First name of student: |       | Middle Initial: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3. | Date of Birth: |    | **/** |    | **/** |      |  |

|  |  |
| --- | --- |
| 4. | SASID (10 digit number assigned to students and available from the school records): |
|  |       |  |

|  |  |  |
| --- | --- | --- |
| 5. | Specify whether student is under guardianship of DCF (please check yes or no): |  [ ]  Yes [ ]  No |

 **Date of DCF Guardianship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 6. | NAME and ADDRESS of Placement |       |
|  | where student is living: |  |

|  |  |
| --- | --- |
| 7. | Type of Placement: specify: |
| [ ]  Foster Home [ ]  Detention Center [ ]  DCF Facility[ ]  Group Home [ ]  Private Residential Facility [ ]  DOC Facility[ ]  Temporary Shelter [ ]  Private Psychiatric Hospital [ ]  DMHAS Facility[ ]  Safe Home [ ]  Other: (Must specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 8. | If foster home, specify name, e-mail and phone of foster parent/s: |
|  | Name: |       | Telephone: |       |
|  | E-Mail, if available: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| 9. | Specify whether student is nexus or no-nexus: |  [ ]  Nexus [ ]  No-Nexus |  [ ]  Don’t Know |

|  |  |  |
| --- | --- | --- |
| 10. | If nexus exists, town of nexus: |       |

|  |  |
| --- | --- |
| 11. | If student is in school or preschool, specify the name and address of the school: |
|  | Name of school: |       |
|  | Address: |       |

|  |  |
| --- | --- |
| 12. | Contact information of the DCF social worker, if known: |
|  | Name of the DCF social worker: |       |
|  | Office address: |       | Telephone: |       |

|  |  |
| --- | --- |
| 13. | Contact information of the person requesting surrogate if not a DCF social worker: |
|  | Name of requesting party: |       |
|  | Title: |       | Address: |       |
|  | Telephone: |       | E-mail: |       |