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| *North Carolina Infant-Toddler Program* |       |

*BIOLOGICAL PARENT NOTIFICATION LETTER*

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| Child’s Name: |       | Date of Birth: |       |
|  |
| Date: |       |  |
| Dear |       |  |
| This letter is to inform you that a surrogate parent has been appointed for while participating in the NC Infant-Toddler Program. A surrogate parent is required by State and Federal Regulations in situations where a parent cannot be identified, when efforts to locate a parent are unsuccessful, or when a child is in the legal custody of the Department of Social Services. |
| A surrogate parent is appointed to protect the rights of the child under the Infant-Toddler Program.A surrogate parent will have responsibilities to represent the above-named child in all Infant-Toddler Program matters, including, but not limited 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.
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| We hope that all people involved in your child’s life will work together so that the most appropriate early intervention services can be provided. Feel free to contact me if you have any further questions. I can be reached at      .  |
| Sincerely, | **Contact Information for CDSA:**      |
| Children’s Developmental Services Agency (CDSA) Representative: |
|       |  |
| *(Print or Type Name)* |  |
|       |
| *Signature*  |  |
|  |
| cc:  | ITP Record |  |       |  |
|  | DSS |  |       |  |
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