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*North Carolina Infant-Toddler Program*

*SURROGATE PARENT TERMINATION 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 for: | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| Your participation has assisted the Infant-Toddler Program in ensuring that all needed and available early intervention services have been provided. The need for you to continue as a surrogate parent no longer exists because: | | | | | | | | | | | | | | |
|  | You have chosen to relinquish this responsibility. | | | | | | | | | | | | | |
|  | You have indicated you are no longer able to advocate effectively for the child. | | | | | | | | | | | | | |
|  | You no longer meet the criteria established for being a surrogate parent, or | | | | | | | | | | | | | |
|  | The child’s circumstances have changed such that a surrogate parent is no longer required. | | | | | | | | | | | | | |
|  | Other | | |  | | | | | | | | | | |
| Your role as surrogate parent for this child will end effective | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| Please feel free to contact our office if you have any questions regarding this decision. Again, thank you for giving your time and support. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Sincerely, | | | | | | | | | | | | **Contact Information for CDSA:** | | |
| Children’s Developmental Services Agency (CDSA) Director or Designee: | | | | | | | | | | | |  | | |
|  | | | | | | | | |  | |  |  | | |
| (Print or Type Name) | | | | | | | | |  | |  |  | | |
|  | | | | | | | | |  | |  |  | | |
| Signature | | | | | | | | |  | |  |  | | |