

**SURROGATE PARENT PROGRAM
REQUEST FOR SURROGATE**

surrogate.office@ct.gov

860-713-6927 phone

860-713-7052 fax

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, is under guardianship of DCF and needs *or may need* special education. 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." 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 all the information required for an appointment of a Surrogate Parent to occur. 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 need. 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: Yes No Unknown
6. NAME and ADDRESS
where student is living: _____
7. Type of Placement: specify:

<input type="checkbox"/> Foster Home	<input type="checkbox"/> Detention Center	<input type="checkbox"/> DCF Facility
<input type="checkbox"/> Group Home	<input type="checkbox"/> Private Residential Facility	<input type="checkbox"/> DOC Facility
<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Private Psychiatric Hospital	<input type="checkbox"/> DMHAS Facility
<input type="checkbox"/> Safe Home		
<input type="checkbox"/> Homeless Unaccompanied Youth (Must provide address of Parent/legal guardian, if known): _____		
<input type="checkbox"/> 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 Not applicable
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 applicable:
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: _____