**Surrogate Parent Request Form**

Fax completed form to the Children and Youth in Transition Office at (619) 725-8184

<table>
<thead>
<tr>
<th>STUDENT NAME (last, first, middle initial)</th>
<th>ID NUMBER / BIRTHDATE</th>
<th>GENDER</th>
<th>GRADE</th>
<th>CURRENT DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL</td>
<td>CASE MANGER</td>
<td>TELEPHONE NUMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Are the whereabouts of the parent known?  
   - ☐ Yes  
   - ☐ No  
   - ☐ Don’t Know

2. Have parental rights been terminated by court order?  
   - ☐ Yes  
   - ☐ No  
   - ☐ Don’t Know
   If yes, specify method of verification

3. Is the student in Foster Care or a ward of the state?  
   - ☐ Yes  
   - ☐ No
   A. With a foster family? (specify)
   How long in current foster home?
   B. In a group home? (specify)
   How many students in the group home?

4. Is this student presently receiving IEP services?  
   - ☐ Yes  
   - ☐ No
   A. Eligibility:
   B. If not, is the student presently under consideration by the Student Study Team (SST) and being referred for evaluation?  
   - ☐ Yes  
   - ☐ No

Comments:

Name of the Department of Social Services caseworker

Telephone Number (  )

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**TO BE COMPLETED BY CHILDREN & YOUTH IN TRANSITION OFFICE.**

- Student meets criteria for surrogate parent: Y or N
  Name of surrogate
  Date Assigned  /  /  
- Student does not demonstrate the need for a surrogate parent because:

Date Requested Received  /  /  

Signature of District Representative  
Date  

Rev. 3/10