



**SURROGATE PARENT REFERRAL FORM**

*(Please review next page to be sure the student needs a surrogate parent, check appropriate situation and include required documentation with this form.)*

Date of Referral: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

\_\_\_\_\_ Phone (Work): \_\_\_\_\_

\_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Exceptionality: \_\_\_\_\_ Placement: \_\_\_\_\_

Name of person(s) student is living with: \_\_\_\_\_

School District: \_\_\_\_\_ District Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Meeting (if scheduled) \_\_\_\_\_ Type of meeting:  ER  RR  IEP  Other

Agency Involved: \_\_\_\_\_ Agency Involved: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Please read the following page, check appropriate situation and include required documentation with this form.

**A Surrogate Parent is Needed When:**

(Check situation that applies)

- 1. No parent, guardian, current foster parent, or relative caregiver (relative acting in place of the parents with whom the child lives) can be located (***need letter documenting efforts to locate***),  
**OR**
- 2. Parents' right to make educational decisions for the child have been terminated by the court and no guardian, current foster parent, or relative caregiver (relative with whom the child lives) can be located (***need letter from agency or court order***),  
**OR**
- 3. The child is an unaccompanied homeless youth (a youth without a fixed residence and not under the supervision of a parent.)

A Surrogate Parent Cannot Be Appointed by the LEA When:

There is a parent, guardian, current foster parent or relative caregiver (relative with whom the child lives) who can be located and whose right to make educational decisions has not been terminated by a court.

**Return Form to:**

Meg Taylor-Makuch  
Capital Area Intermediate Unit  
55 Miller Street  
Enola, PA 17025  
OR  
[mtmakuch@caiu.org](mailto:mtmakuch@caiu.org)  
Ph. 717-732-8400 x8336  
Fax 717-732-8425

Surrogate Parent Assigned:

Date Assigned:

Address:

Phone: