



NYC EARLY INTERVENTION PROGRAM
PARENT DESIGNATION OF PERSON ACTING IN PLACE OF PARENT

Form with fields for Child (Last Name, First Name, Middle Name), EI #, and DOB.

I am the parent/legal guardian of the above-named child. I acknowledge that I am unable to participate in the NYC Early Intervention Program (EIP) evaluation, development of the Individualized Family Service Plan (IFSP) and/or educational or therapeutic services at this time. I understand that:

- I may voluntarily designate another suitable person to act for me as my child's surrogate (substitute) parent. This person is someone who may make decisions about Early Intervention (EI) services while I am unable to do so.
This person may not be an employee of any agency who provides services to my child.
I can withdraw my consent or change the person that I am designating at any time.

I hereby designate: Surrogate's Name:
Relationship to Child:
Address:
Surrogate's Telephone Number: Home:
Cell: Work:

This person may make decisions for me: Until I withdraw this designation.
For a specific period of time: Start date: End date:
For this date/event:

Although I am designating the person above to act on my behalf, I also request (Check all that apply):
That my child's assigned Initial and Ongoing Service Coordinator contact me monthly to provide me with updates regarding the status of my child in the Early Intervention Program
That my child's evaluations be scheduled during my visits with them to the maximum extent possible
That I be invited to participate in my child's evaluations via phone or videoconference
That I be notified of changes to my child's Individualized Family Service Plan (IFSP)

My contact information is: Name:
Relationship to Child:
Address:
My Telephone Number: Home:
Cell: Work:

Signature of Parent/Guardian: Date: / /

Only complete if applicable: The name of the surrogate parent was provided by the parent during a telephone conversation with an EI staff member or with Foster Care Agency staff. Verbal parental consent was obtained.
Form completed by: Name:
Position:
Signature: Date: / /

PARENT DESIGNATION OF PERSON ACTING IN PLACE OF PARENT INSTRUCTIONS FOR COMPLETION

This form is used when parental decision-making rights are intact but the parent would like to designate someone else to act on their behalf for a limited time, for a specific event (e.g., evaluation, Individualized Family Service Plan meeting), or for the duration of their child’s time in the Early Intervention Program. The child does not need to be known to ACS for this form to be used.

This form is to be completed by:

- The parent *or*
- A NYC Early Intervention Program (EIP) staff member **or** a Foster Care Agency staff member when they have information provided by the parent who is unable to participate in the IFSP process or make decisions about the EIP, and who would like to designate a specific person to serve as the surrogate parent.

For most children birth to three years old who are in foster care, parental decision-making rights are intact. Parents should be encouraged to participate in the EIP process whenever possible. If, at any time, the parent of a child in foster care requests to make, change or withdraw their designation of a surrogate/person acting in their place, the Service Coordinator (SC) should notify the Foster Care Agency Education Liaison/Foster Care Case Planner.

The parent is not required to designate a specific person. If the parent does *not* name a surrogate parent, the SC will follow the surrogacy procedures described in the **Determining the Need for Assigning a Surrogate Parent policy**.

For children in foster care, the address of the person designated as a surrogate by the parent may be confidential. Therefore, prior to sharing the name or contact information for any surrogate parent assigned, the SC should obtain clearance from the Foster Care Agency Education Liaison/Foster Care Case Planner.

This form should be signed by the parent. However, verbal consent can be obtained and documented on this form when there are extenuating circumstances that prevent the parent from providing written consent (e.g., parent is incarcerated, enrolled in a treatment program, living out of state, etc.). If parental signature is not obtained, the reason that the signature is not obtained must be documented in the SC notes.

For children in Foster Care, following the receipt of the **Foster Care Surrogacy Recommendation and EIOD Assignment Form**:

1. SC sends the completed Request for Foster Care Surrogacy Determination Letter, the Foster Care Surrogacy Recommendation and EIOD Assignment form, Parent Designation of Person Acting In Place of Parent form, to the following HIN ID per NYC Regional Office via HCS [Secure File Transfer](#) (SFT) in the child’s borough of residence indicating that “Parent rights determination attached. EIOD approval needed/not needed for Child ID: XXXXX.” within 24 hours of receipt.
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
2. Ensure that the following information is entered in the EI-Hub prior to submission of the surrogacy forms to the Regional Office via HCS Secure File Transfer:
 - The individual to be assigned as the surrogate is added as a “*family member*” in the “*Family Info*”

tab in the EI-Hub

- The individual must be selected as “surrogate” under “family member type”
 - The individual must be selected as the “primary contact” under “contact type”
 - Refer to [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed EI-Hub procedures.
3. Call the Regional Office in the child’s borough of residence to follow up if EIOD approval is not issued **within three (3) business days** of submission in HCS.
 4. Checks the “*Family Info*” tab “*Surrogate Parent Appointment*” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment information.
 5. Ensures that the Foster Care Surrogacy Recommendation and EIOD Assignment form and the Parent Designation of Person Acting in Place of Parent form are attached in the EI-Hub.
 - Checks EI-Hub as follows:
 - Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.
 - Applicable surrogacy attachments will appear in the grid
 6. Initiates surrogacy outreach as soon as possible following EIOD approval but **no later than two (2) calendar days** after the receipt of EIOD approval.

For children who are not in Foster Care, and the parent wants to designate someone else to act on their behalf for a limited time, for a specific event (e.g., evaluation, Individualized Family Service Plan meeting), or for the duration of their child’s time in the Early Intervention Program, the SC must:

1. Send the completed Parent Designation of Person Acting in Place of Parent form and any related documentation to the following HIN ID per NYC Regional Office via HCS Secure File Transfer (SFT) in the child’s borough of residence indicating that “Parent designation of a person to act in their place attached. EIOD approval needed for Child ID: XXXXX.” within 24 hours of receipt.
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
 - Note: The Regional Office may request additional information confirming the role of the parent if the Parent Designation of Person Acting in Place of Parent form is not signed by the parent.
2. Ensure that the following information is entered in the EI-Hub **prior to** submission of the Parent Designation of Person Acting in Place of Parent form and any related documentation to the Regional Office via HCS Secure File Transfer:
 - The individual to be assigned is added as a “family member in the “*Family Info*” tab in the EI-Hub
 - The individual must be selected as “*surrogate*” under “*family member type*”
 - The individual must be selected as the “*primary contact*” under “*contact type*”
 - Refer to [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed EI-Hub procedures.
3. Call the Regional Office in the child’s borough of residence to follow up if EIOD approval is not issued **within three (3) business days** of submission in HCS.
4. Checks the “*Family Info*” tab “*Surrogate Parent Appointment*” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment.
5. Ensures that the Parent Designation of Person Acting in Place of Parent form is attached in the EI-Hub.



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- Checks EI-Hub as follows:
 - *Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.*
 - *Applicable surrogacy attachments will appear in the grid*
- 6. Initiates outreach to the assigned caregiver as soon as possible following EIOD approval but **no later than two (2) calendar days** after the receipt of EIOD approval.