OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

Date: [August 1, 2010] Updated and Reissued July 2012

To: HMG Service Coordinators, Supervisors, and Contract Managers

From: Wendy Grove, Ohio Part C Coordinator & Help Me Grow Program Administrator

Re: Assigning Individuals as Surrogate Parents in Early Intervention

The Bureau of Early Intervention Services has revised the packet of materials for individuals acting in the role of surrogate parent for a child referred to HMG Early Intervention. This information will provide guidance when determining whether or not a surrogate parent should be assigned for a child.

A surrogate parent can be assigned for a child who is referred to HMG Early Intervention when the parent cannot be identified or located. In the case of Kinship Care the caregiver may act in the role of surrogate. If a Guardian Ad Litem has been appointed and granted educational rights by the court, he/she may provide consent for HMG services, and a surrogate does not need to be assigned.

It is important that the potential surrogate parent understands the role before consenting to the role of surrogate. In order for the potential surrogate parent to be informed it is the responsibility of the service coordinator to discuss the enclosed packet of information in detail, complete the checklist, and obtain the signature for consent.

The potential surrogate parent MUST sign consent for the developmental evaluation and for specialized services in Help Me Grow and the Individualized Family Service Plan (IFSP). Because Public Children's Services Agency caseworkers are employees of a public agency, they may not act in the role of surrogate for purposes of HMG. However, caseworkers may be invited members of any child's IFSP team throughout the child's time in HMG Early Intervention.

Send the *Surrogate Parent Checklist* and *Surrogate Parent Consent* forms with signatures to:

The Ohio Department of Health/BEIS
246 N. High Street, 5th Floor
Columbus, Ohio 43215
Attention: Surrogate Parent Consent

Please contact your Early Intervention Program Consultant with questions.

HEA Form 8040: Surrogate Parent Application Packet



An Equal Opportunity Employer/Provider

Dear potential Surrogate Parent,

Help Me Grow can assist with identifying and serving children who have developmental delays or disabilities and a demonstrated need for early intervention services. You play a primary role in the life of the child in your care. You make many decisions about the child's care and developmental supports. The enclosed packet provides information about the Help Me Grow (HMG) program and your role as a surrogate parent.

Your HMG service coordinator will explain the enclosed information in order to provide you with a clear understanding of your role as a surrogate parent in HMG. Once explained, your signature of consent will be required for HMG services specific to the child's developmental needs.

Please review the packet carefully and keep it for further reference about the Help Me Grow program. Please sign the enclosed acceptance statement and checklist. It will be kept on record as documentation of your understanding of your role as surrogate parent for the child in your care receiving Early Intervention services through Help Me Grow. You should make a copy after signing and keep a copy for your records.

Thank You for supporting the development of the child in your care.

Sincerely,

Wendy Grove, PhD
Ohio's Part C Coordinator
Help Me Grow Program Administrator
Ohio Department of Health

Attachments

## Overview of the Help Me Grow Program

The Help Me Grow (HMG) program is a statewide child development program. HMG provides services and supports to families of infants and toddlers birth to 3 years old.

Decisions about the services a child in HMG receives are made by a team that includes the primary caregivers of the child. Surrogate parents acting in the role of the parent for children requiring Early Intervention services are especially important as a member of the child's team of supports. Additionally, as with biological parents in HMG, surrogate parents have the opportunity to receive support and obtain resources in order to strengthen their role as caregivers and enhance the development of the child in their care.

## Individuals with Disabilities Education Act (IDEA)

Children determined to have developmental delay or a disability have specific entitlements identified in federal law for IDEA. Part C refers to the part of the federal law for children birth to age 3. Included in the entitlements of Part C of IDEA is specific regulation for children whose parent(s) cannot be identified; the whereabouts of the parent(s) is unknown; or the child is a ward of the state. Specifically, for those infants and toddlers who have a developmental delay or disability, if the above scenarios apply to the child's parent(s), or if a reunification plan is not in place, the surrogate parent may provide permission for the child to receive Help Me Grow Early Intervention services. In order for this to happen, the attached forms must be signed and a copy sent to the Ohio Department of Health Help Me Grow program. Additionally, the Help Me Grow Service Coordinator will explain the core services of HMG Early Intervention, briefly outlined below.

Additional information about Help Me Grow Early Intervention can be found at www.ohiohelpmegrow.org
Or by calling the Ohio Department of Health at 614-644-8389 or emailing us at beis@odh.ohio.gov

# Surrogate Parent Application Checklist

- ☐ Cover letter
- ☐ Checklist
- ☐ Overview of Help Me Grow
- ☐ Core Services of Part C of Help Me Grow
- ☐ Signature/Consent

By signing this checklist, I acknowledge that the HMG service coordinator has explained the above topics and offered me the opportunity to ask questions.

_____

Surrogate Parent Signature Date

_____

Service Coordinator Signature Date

Child's ET ID#_____

Original in child's record
Copy to ODH/BEIS Attention: Surrogate Consent

# Surrogate Parent Consent

As Surrogate parent for _____(DOB)_____,
I have been informed of and understand my role as surrogate parent in Help Me Grow Early Intervention in _____County.

I consent to be the surrogate parent for the purposes of Part C of IDEA in Help Me Grow Early Intervention as long as the child is in my care and remains eligible for Help Me Grow.

If at any time I decide to withdraw consent to be surrogate, I will notify the HMG service coordinator.

_____

Surrogate Parent Signature Date

_____

Service Coordinator Signature Date

Child's ET ID#_____

Original in child's record
Copy to ODH/BEIS Attention: Surrogate Consent

HEA 8040 (rev 7/2012)