



Carbon Lehigh Intermediate Unit #21

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Surrogate Parent Program Referral Form

Date: _____

<p>Student Name: _____</p> <p>DOB: _____</p> <p>School: _____</p>	<p>Person Making Referral: _____</p> <p>Position: _____</p>
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Student Address: _____

Caretaker: _____ Relationship: _____

Phone (H): _____ Phone (Cell): _____

Phone (W): _____ Email: _____

Reason for Surrogate Referral
_____ No parent (as defined in CFR §300.20) can be identified;
_____ After reasonable efforts, the district cannot discover the whereabouts of the parents: *You must include documentation of attempts to contact parents
_____ Parent's rights have been terminated *You must include documentation of the original termination of parental rights
_____ Student is a ward of the state *You must include documentation of the court order
_____ "Unaccompanied homeless youth" under the McKinney-Vento Act (42 U.S.C. §11434a(6))

Surrogate Assigned: _____

Date: _____

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."