



Carbon Lehigh Intermediate Unit #21

4210 Independence Drive
Schnecksville, PA 18078-2580

Gregory S. Koons, Ed.D.
Executive Director

Kimberly A. Talipan
Assistant to the Executive Director

610-769-4111
800-223-4821
Fax 610-769-1290
www.cliu.org

 facebook.com/CarbonLehighIntermediateUnit21

 @CLIU21

 youtube.com/user/CarbonLehigh

Surrogate Parent Program Referral Form

Date of Referral: _____

Student Name: _____ DOB: _____ School/Grade: _____	Person Making Referral: _____ Position: _____ Phone: _____ Email: _____
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Student Address: _____

Caretaker: _____ Relationship: _____

Phone (H): _____ Email: _____

Previous Surrogate Parent? Yes No If Yes, who served in that role?: _____

Are any meetings scheduled for this student? Yes No If Yes, when?: _____

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))
*Attach IEP
*Attach ER/RER

Surrogate Assigned: _____

Date: _____

Helping Children Learn

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