

## SURROGATE PARENT

Date \_\_\_\_\_ Student's Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Person With Whom Student Currently Resides \_\_\_\_\_  
Address \_\_\_\_\_

School District Most Recently Attended \_\_\_\_\_

Resident School District When Made a Ward \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

Case Manager \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

This is to inform you that the above named student is a ward of the State of Nebraska, Department of Health and Human Services. Pursuant to Nebraska statute, wards placed in a group home or residential facility outside their original school district may be eligible for reimbursement from the Department's Education Funds Program. Please contact the Human Services Division at 402/471-9625 if you have questions. If you have questions regarding this student, please contact the case manager.

If this ward is or becomes eligible for special education, I want to inform you of the following:

- \_\_\_\_\_ The mother's/father's parental rights are intact and the parents wish to participate in educational decisions.
- \_\_\_\_\_ The mother's/father's parental rights are intact. It is unknown whether the parents wish to participate in educational decision.
- \_\_\_\_\_ The mother's/father's parental rights have been terminated or relinquished and the parents do not have rights to participate in educational decisions. A surrogate should be appointed.