

**FORM SP-600: Active File Reassignment Form
Surrogate Parent Program**

For use when a Surrogate Parent is retiring, resigning, or transferring a case

Instructions: Please complete this form for each student case to be reassigned to assist our office in updating our database and to assist the surrogate parent receiving this new file assignment. Complete this form and enclose it with the file returned. You may send your file by mail using previously provided pre-paid Surrogate Parent Program labels or by email to surrogate.office@ct.gov.

Name of Student: _____ **Date of Birth:** _____

SASID: _____ Grade Level: _____ Credits Toward Graduation (if applicable): _____

Town where student resides: _____

Type of Placement: _____

Contact Person at Placement:

Name: _____ Phone Number: _____ Email: _____

Nexus/Responsible School District: _____

District/Town of School Child is Attending: _____

Current School: _____

Contact Person at School:

Name: _____ Phone Number: _____ Email: _____

Last PPT Date: _____ Triennial Due Date: _____

Current DCF Social Worker:

Name: _____ Phone Number: _____ Email: _____

Summary of Status and Suggestions:

Surrogate Parent Completing Form: _____ Date: _____