



Infant & Toddler
Connection of Virginia

Central Directory: 1 (800) 234-1448
TTY/TDD 1(804) 771-5877

Infant & Toddler Connection of [Local System]

[Address]

[Address]

[City], Virginia [Zip]

[Phone (000) 000-0000]

[Date]

[Biological/Adoptive Parent(s) Name]

[Address]

[City/State/Zip]

Dear [Biological/Adoptive Parent's Name]:

Pursuant to Virginia law, we are required to provide you with written notice that your child's foster parent is acting as your child's "parent" for purposes of making decisions about early intervention identification, eligibility determination, assessment, placement, and provision of early intervention services. We are entitled by law to rely on the actions and decisions of the foster parent until such time that you attempt to act as the parent. If you wish to act as the parent in connection with this or any other early intervention matter involving your child,

_____, please contact (or have someone acting on your behalf contact) me by phone, email or regular mail:

Name: _____

Phone: _____

Email: _____

Regular mail: _____

Your child's next Individualized Family Service Plan for early intervention services is due to be developed on or about: _____ (date)

If the address we have used to contact you is not your current address or if there is a better address where we can contact you in the future, please let me know.

Sincerely,
[Name and Title]

Cc: [Social Worker's Name]

PROOF OF NOTICE

Date Sent ____/____/____ By: _____ (signature)

First Class Mail Hand-delivery Other _____