

TO: Families Together, Inc.
501 SW Jackson, Suite 400
Topeka, KS 66603
Phone: 785-233-4777
Fax: 785-233-4787
Attn: Education Advocate Coordinator

I am the Provider Case Manager for

This child's parental rights are terminated **or** the whereabouts of the parents are unknown.
 a judge has determined the child meets criteria for appointment of education advocate due to parents not responding to attempts to involve them in educational decision making

The following is information needed to process this request for an Education Advocate:

Student's name:	Date of Birth:
School currently attending:	USD# :
Area of special need (i.e., disability):	
Address of student:	
County where student resides:	Phone of student's residence:
Name of placement (if foster home, name of foster parent; group home):	
Provider case manager name	Phone number:
Office address:	

Parents' Whereabouts Unknown: To use this as a reason for requesting an Education Advocate, you must have a record of the attempts that the Case Management Provider office has made to locate both parents to provide them notice of the Special Education needs of the child. The Provider Case Manager assigned to manage the case must sign the statement below:

I, _____, **certify that I am the manager of the child's case being referred for appointment of an Education Advocate. I also certify that I have made reasonable attempts to locate the parents of the child and that my attempts are documented in the child's case file. I have not been able to find the child's parents and I believe they are unavailable to participate in educational decisions regarding the child.**

Signature: _____ **Date:** _____
(Case Manager Name and Agency)



Department for Children
and Families
*Prevention and
Protection Services*

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