

Mississippi Department of Human Services
Division of Youth Services

Notification of Assignment as Surrogate Parent

(Name of Surrogate Parent)

Date: _____

You have been assigned to serve as a surrogate parent to _____.

Beginning Date _____

Projected Ending Date _____

If you have any questions, please don't hesitate to contact me. Your willingness to serve as a surrogate parent is greatly appreciated.

Principal

Phone Number