

**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