

CASE TRANSFER INFORMATION

Sending Region: _____ Receiving Region: _____

Sending Worker: _____ Receiving Contact Person: _____

Date of Closure in the Sending Region: _____

Client Name _____

Client ID#: _____ Social Security #: _____

Current Address (Receiving Region): _____

Eligibility: _____ Sending Region Supervisor Review Date: _____

Administrative Service Managers notified: Yes No

Record contains all program eligibility information: Yes No

Notice of Decision Sent On _____

Complete Appropriate Items

Current Provider: _____

Current Provider ID#: _____ Phone Number: _____

Current Provider Address: _____

Follow-up Needed: _____

Source of Income: _____

Place of Employment/School: _____

Services Requested: _____

Current Information _____

Comments/Recommendations: _____
