

## CASE TRANSFER INFORMATION

Version Date: 5/2024

Form: 843B Case Transfer Information

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**Privacy Notice:** The information you provide will be used to transfer a case within the division. It will only be used by DHHS and, if needed, by a person or party contracted with DHHS. Without this data, we cannot complete a case transfer. This data is part of record series: 15376.

Sending worker: \_\_\_\_\_ Receiving contact person: \_\_\_\_\_

Date of closure: \_\_\_\_\_

Client name: \_\_\_\_\_

Client ID#: \_\_\_\_\_ Social security #: \_\_\_\_\_

Current address (receiving address): \_\_\_\_\_

Eligibility: \_\_\_\_\_ Sending 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: \_\_\_\_\_

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Comments/recommendations: \_\_\_\_\_

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