

CASE TRANSFER INFORMATION

Version Date: 5/2024

Form: 843B Case Transfer Information

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: _____

Comments/recommendations: _____
