Department *of* Health & Human Services | Services for People with Disabilities

CASE TRANSFER INFORMATION

Version Date: 5/2024
Form: 843B Case Transfer Information

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 individuals or parties 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):

Social security #:

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: