FAMILY PRESERVATION TRANSFER CASE
INITIAL TRANSFER

To: Receiving DCF Office (Name) _____

Receiving DCF Program Administrator: _____

Fax: _____

Receiving DCF RCS: _____

Fax: _____

From: Transferring DCF Office (Name) _____

Transferring DCF SW Name: _____

Phone: _____

Date: _____

Case Name: _____

FACTS Number: _____

FP Referral Date: _____

DCF Case Currently Open _____ or closed _____

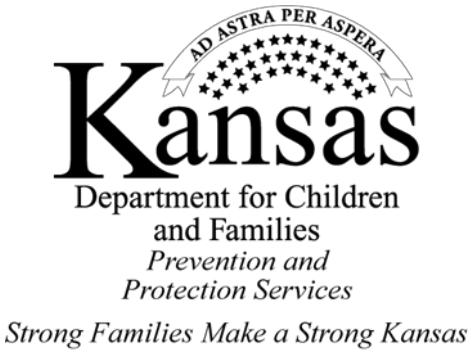
NOTE:
Current case plan is to be attached. Case file to be sent immediately.

This form is to be faxed to the:

- receiving DCF Social Service Program Administrator
- receiving DCF Regional Contract Specialist
- Child Welfare/Community Based Services Program Director
- Child Welfare/Community Based Services Case Manager
- transferring DCF social worker; and
- transferring DCF Social Service Program Administrator

_____

Signed (Transferring Regional Contract Specialist) Date


AD ASTRA PER ASPERA
Kansas
Department for Children
and Families
Prevention and
Protection Services
Strong Families Make a Strong Kansas