

## FOSTER CARE CASE TRANSFER SUMMARY

Child(ren)'s Name:		Date of referral:	
Preferred Name to be addressed by:			
Date of birth and age:		Date & time of staffing:	
FACTS Case Number:		Date of transfer:	

STAFF PARTICIPATING		
Full Name	Position	Relationship to the Case

### I. Type of Transfer Staffing

<b>Transfer Level of Service</b> (Change in staff responsible for the case: FC/RE/AD to aftercare, etc. Excludes DCF referrals to FS/FPS/FC/RE/AD):	
<b>Current Service</b>	<b>New Level of Service</b>
<b>New Worker/Supervisor:</b>	
<input type="checkbox"/> New worker with same agency/level of service	
<input type="checkbox"/> New Supervisor with same agency/level of service	
<input type="checkbox"/> Family moved requiring a new worker	
<input type="checkbox"/> Change of venue or tribal court jurisdiction	
<input type="checkbox"/> Other ( <i>Explain</i> ):	

### II. Discussion

<b>Referral</b> ( <i>Briefly review why the family was referred for services</i> )			
<b>Birth Certificate ordered/received:</b>		<b>Social Security Card ordered/received:</b>	

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<b>Hospital Birth Records ordered/received:</b>		<b>State Issued ID</b> <i>(for youth 14 and older)</i>	
<b>Case Plan</b>			
<b>Case Plan Goal:</b>			
<b>Case Plan Date:</b>		<b>Case Plan Due:</b>	
<b>Activities and Progress:</b>			
<b>Other Pertinent Information/Next steps /Follow-up</b>			

<b>Court Information</b>	
<b>Next Court Hearing Date:</b>	
<b>Person Responsible for next Court Report:</b>	
<b>Attorneys (CA, GAL, Parents):</b>	
<b>Court Orders:</b>	
<b>Probation Officer:</b>	
<b>Other Pertinent Information/Next steps /Follow-up</b>	

<b>Health Services and Providers</b>					
<b>Mental Health Provider Information:</b>					
<b>Mental Health Diagnosis:</b>					
<b>Physical Health Concerns:</b>					
<b>KBH Date</b>		<b>Vision Date</b>		<b>Dental Date</b>	
<b>Intellectual Functioning:</b>					
<b>Waiver Services:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Application/Assessment Pending <input type="checkbox"/> Needs completed				
<b>Provider</b>					
<b>SSI:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Application/Assessment Pending <input type="checkbox"/> Needs completed				

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<b>SSI Payee:</b>	
<b>CDDO:</b>	
<b>Substance Use Concerns:</b>	
<b>Medication Prescribed:</b>	
<b>Other Pertinent Information/Next steps /Follow-up</b>	

Educational Needs					
<b>Current School Attending:</b>					
<b>Grade Level:</b>		<b>IEP Type</b>		<b>IEP Date</b>	
<b>Infant/Toddler Services:</b>					
<b>Extracurricular Activities:</b>					
<b>Other Pertinent Information/Next steps /Follow-up</b>					

Family Information	
<b>Mother's Name:</b>	
<b>Mother's Address:</b>	
<b>Mother's Contact Information:</b>	
<b>Father's Name:</b>	
<b>Father's Address:</b>	
<b>Father's Contact Information:</b>	
<b>Sibling's Name(s):</b>	
<b>Other Relative Connections:</b>	
<b>Other Pertinent Information/Next steps /Follow-up</b>	

Placement Provider Information	
<b>Type of Placement (Relative, Foster, Residential, PRTF):</b>	

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<b>Placement Name:</b>	
<b>Placement Address:</b>	
<b>Placement Contact Information:</b>	
<b>Sponsoring Agency:</b>	
<b>Support Worker Name:</b>	
<b>Support Worker Contact Info:</b>	
<b>Other Pertinent Information/Next steps /Follow-up</b>	

<b>Visitation</b>	
<b>Type (Sibling, Supervised, Monitored, Unsupervised):</b>	
<b>Schedule:</b>	
<b>Expectations of participants:</b>	
<b>Other Pertinent Information/Next steps /Follow-up</b>	

<b>Safety Concerns Identified</b> (May include: abuse/neglect concerns, self-harming/danger to self, imminent danger, child vulnerability, caregiver protective capacities, safety plans, protective actions mitigating the safety concern)
<b>Decisions/Next steps to mitigate/Follow-up</b>

<b>Risk Concerns Identified</b> (May include: child factors, parent/caregiver factors, environmental factors, family strengths, services, and resources, and case plan progress mitigating the risk concerns)
<b>Decisions/Next steps to mitigate/Follow-up</b>

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ICWA	
<b>Indian heritage:</b>	
<b>If yes, how was information obtained (JE's, ICWA Affidavit, CSO, Parents):</b>	
<b>Name of tribe:</b>	
<b>Family member where heritage exists:</b>	
<b>Efforts to include tribe in case decisions:</b>	
<b>Contact Information</b> <i>(name/email/phone/address)</i>	
<b>Other Pertinent Information/Next steps /Follow-up:</b>	

Aftercare			
<b>Custody Status:</b>		<b>If ROC, date of release:</b>	
<b>Date medical card application submitted:</b>			
<b>If adoption transfer, name change of child(ren):</b>			
<b>Other Pertinent Information/Next steps /Follow-up</b>			

Adoption			
<b>Status toward adoption (on target/delayed):</b>			
<b>If delayed, reason for delay:</b>			
<b>Date Inquiry Sent:</b>		<b>Sibling Split Required:</b>	
<b>Mother's rights Terminated/ Relinquished?</b>		<b>Date of Termination/ Relinquishment</b>	
<b>Father's rights Terminated/ Relinquished?</b>		<b>Date of Termination/ Relinquishment</b>	
<b>Identified Resource Name:</b>			
<b>IR Contact Information:</b>			

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<b>Family Members Considered:</b>	
<b>Reason any members have been ruled out as a resource:</b>	
<b>Status of Adoption Tracking Tool</b>	<input type="checkbox"/> Completed <input type="checkbox"/> Needs Completed
<b>Other Pertinent Information/Next steps /Follow-up</b>	

<b>Independent Living</b>			
<b>Reason for unsuccessful reunification:</b>			
<b>Important connections to maintain:</b>			
<b>Negative connections to avoid:</b>			
<b>Casey Life Skills Due Date:</b>		<b>Transition Plan Date:</b>	
<b>Skills youth has achieved:</b>			
<b>Skills youth needs to achieve:</b>			
<b>Youth's post 18<sup>th</sup> Birthday plans:</b>			
<b>Other Pertinent Information/Next steps /Follow-up</b>			

### III. Supervisor Approval

<b>Transferring Supervisor Signature</b>	<b>Date</b>

<b>Receiving Supervisor Signature</b> <i>(if different from above)</i>	<b>Date</b>

**Distribution: File, Participants**

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