Section I			
Date:		Receiving DCF Office:	
Receiving DCF Program Administrator:		Receiving regional Program Consultant or designee:	
Transferring DCF Office:		Transferring DCF CPS Specialist:	
Transferring DCF Program Administrator:		Transferring DCF CPS Specialist's phone number:	

Section II			
Case Name:		FACTS Case #:	
Family Preservation Referral Date:		DCF Assessment / Prevention Case Currently Open	☐ Yes ☐ No

Section III

Note:
Attach current case plan. Send case file immediately.

This form is to be sent to the:

- receiving DCF Assessment/Prevention Program Administrator
- receiving DCF regional Program Consultant or designee
- Family Preservation Provider Program Director
- Family Preservation Provider Therapist/Case Manager
- transferring DCF CPS Specialist
- transferring DCF Assessment/Prevention Program Administrator

Signature of Transferring Worker:	