

Section I: Request (To be completed by the assigned Independent Living Coordinator)					
Requested Action:	<input type="checkbox"/> Transfer	<input type="checkbox"/> Staffing	<input type="checkbox"/> Closure	<input type="checkbox"/> Other (specify):	
Date:		Young Adult:		DOB:	
Basis of Requested Action: (Include steps taken thus far to resolve the issue, dates of attempted contacts with the youth, and other information relevant to the request.)					
If the Requested Action is a Transfer, please include the following information and attach a copy of the most recent case plan:					
Address:					
Phone Number:					
Email Address:					
Young adult's preferred method(s) of communication:					
Client ID:		FACTS Case Number:		SMART ID:	
List current payments young adult is set up to receive:					
Section II: Recommendation (To be completed by the Independent Living Supervisor)					
Approval:		Narrative (Include action steps identified and decision(s) made.):			
Transfer Case to: <input type="checkbox"/> East <input type="checkbox"/> Kansas City <input type="checkbox"/> West <input type="checkbox"/> Wichita <input type="checkbox"/> Close Case <input type="checkbox"/> For Staffing / Other See Narrative					
Signature IL Coordinator:				Date:	
Signature IL Supervisor:				Date:	

