

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

Transfer Level of Service (Change in staff responsible for the case: FC/RE/AD to aftercare, etc.
Excludes DCF referrals to FS/FPS/FC/RE/AD):

Current Service: New Level of Service:
New Worker/Supervisor:
 New worker with same agency/level of service
 New Supervisor with same agency/level of service
 Family moved requiring a new worker
 Change of venue or tribal court jurisdiction
 Other (*Explain*):

II. Discussion

Referral (*Briefly review why the family was referred for services*)

Birth Certificate ordered/received: Social Security Card ordered/received:
Hospital Birth Records ordered/received: State Issued ID (*for youth 14 and older*):

Case Plan

Case Plan Goal: Case Plan Date:
Case Plan Due:
Activities and Progress:

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Other Pertinent Information/Next steps /Follow-up

Court Information

Next Court Hearing Date: Person Responsible for next Court Report:

Attorneys (CA, GAL, Parents):

Court Orders:

Probation Officer:

Other Pertinent Information/Next steps /Follow-up

Health Services and Providers

Mental Health Provider Information:

Mental Health Diagnosis:

Physical Health Concerns:

KBH Date: Vision Date: Dental Date:

Intellectual Functioning:

Waiver Services: Approved Application/Assessment Pending Needs completed

Provider:

SSI: Approved Application/Assessment Pending Needs completed

SSI Payee:

CDDO:

Substance Use Concerns:

Medication Prescribed:

Other Pertinent Information/Next steps /Follow-up:

Educational Needs

Current School Attending: Grade Level:

IEP Type: IEP Date:

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Infant/Toddler Services:

Extracurricular Activities:

Other Pertinent Information/Next steps /Follow-up:

Family Information

Mother's Name:

Mother's Address:

Mother's Contact Information:

Father's Name:

Father's Address:

Father's Contact Information:

Sibling's Name(s):

Other Relative Connections:

Other Pertinent Information/Next steps /Follow-up:

Placement Provider Information

Type of Placement (Relative, Foster, Residential, PRTF):

Placement Name:

Placement Address:

Placement Contact Information:

Sponsoring Agency:

Support Worker Name:

Support Worker Contact Info:

Other Pertinent Information/Next steps /Follow-up

Visitation

Type (Sibling, Supervised, Monitored, Unsupervised):

Schedule:

Expectations of participants:

Other Pertinent Information/Next steps /Follow-up

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Safety Concerns Identified (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)

Decisions/Next steps to mitigate/Follow-up:

Risk Concerns Identified (May include: child factors, parent/caregiver factors, environmental factors, family strengths, services, and resources, and case plan progress mitigating the risk concerns)

Decisions/Next steps to mitigate/Follow-up

ICWA

Indian heritage:

If yes, how was information obtained (JE's, ICWA Affidavit, CSO, Parents):

Name of tribe:

Family member where heritage exists:

Efforts to include tribe in case decisions:

Contact Information (*name/email/phone/address*)

Other Pertinent Information/Next steps /Follow-up:

Aftercare

Custody Status:

If ROC, date of release:

Date medical card application submitted:

If adoption transfer, name change of child(ren):

Other Pertinent Information/Next steps /Follow-up

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Adoption

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

Reason any members have been ruled out as a resource:

Status of Adoption Tracking Tool Completed Needs Completed
Other Pertinent Information/Next steps /Follow-up:

Independent Living

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

III. Supervisor Approval

Transferring Supervisor Signature
Date

Receiving Supervisor Signature *(if different from above)*
Date

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Distribution: File, Participants

