|  |  |  |  |
| --- | --- | --- | --- |
|  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**

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| --- |
| **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**

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| **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:** |
|  |
| **Other Pertinent Information/Next steps /Follow-up** |
|  |

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| --- |
| **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** |
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| --- |
| **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** |
|  |

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

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| --- |
| **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** |
|  |

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| --- |
| **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** |
|  |

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| --- |
| **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**  |
|  |

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| --- |
| **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:** |
|  |

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| --- |
| **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** |
|  |

|  |
| --- |
| **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** |
|  |

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| --- |
| **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** |

**Distribution: File, Participants**

