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| 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: |  | | |

