Section I: Request ***(To be completed by the assigned Independent Living Coordinator)***						
Requested Action:	☐ Transfer	☐ Staffing	☐ Closure	☐ 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: Transfer Case to: ☐ East ☐ Kansas City ☐ West ☐ Wichita ☐ Close Case ☐ For Staffing / Other See Narrative	**Narrative (*Include action steps identified and decision(s) made.*):**					
Signature IL Coordinator:				Date:		
Signature IL Supervisor:				Date:		

Kansas
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Prevention and Protection Services