|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | **Narrative (*Include action steps identified and decision(s) made.*):** | | | | | | | | |
| Transfer Case to:  East  Kansas City  West  Wichita | | |  | | | | | | | | |
| Close Case  For Staffing / Other See Narrative | | |
| Signature IL Coordinator: | | |  | | | | | Date: | |  | |
| Signature IL Supervisor: | | |  | | | | | Date: | |  | |