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| **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: |       |