



COLLABORATIVE CARE CASE TRANSFER CHECKLIST

State Form 56107 (R / 8-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *The Family Case Manager (FCM) will complete this form for youth 16 years of age and older who are transferring to a Collaborative Care Case Manager (3CM). The form must be completed and placed in the case file prior to the transfer. Attach the youth's [Kinship Connection Diagram](#) or genogram. See policy [11.21 Collaborative Care Case Transfers](#), for further information.*

Name of youth		3CM identified
E-mail address of youth		Telephone number of youth ()
Name of placement	Type of Placement	
Address of placement (<i>number and street, city, state, and ZIP code</i>)		
E-mail address of placement		Telephone number of placement ()
Date of last Child and Family Team (CFT) Meeting	Scheduled date of Transfer CFT Meeting	

COURT		
Cause number	Next Court date (<i>month, day, year</i>)	Assigned County
Are there any no contact / protective orders? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Is this a dual status case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of attorney		
Name of Guardian ad Litem (GAL) / Court Appointed Special Advocate (CASA)		E-mail address of GAL / CASA

SERVICE PROVIDERS		
1. Type of service		Agency
Name of provider	E-mail address of provider	Telephone number of provider ()
2. Type of service		Agency
Name of provider	E-mail address of provider	Telephone number of provider ()
3. Type of service		Agency
Name of provider	E-mail address of provider	Telephone number of provider ()
4. Type of service		Agency
Name of provider	E-mail address of provider	Telephone number of provider ()
5. Type of service		Agency
Name of provider	E-mail address of provider	Telephone number of provider ()
6. Type of service		Agency
Name of provider	E-mail address of provider	Telephone number of provider ()

YOUTH HISTORY

Does the youth have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they current wards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the youth have an open case with Juvenile Probation or history? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the youth a legal citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, does the youth have a green card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the youth belong to a Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe?
Is the youth eligible for the Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the application been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which programs / waiver?	

SOCIAL SUMMARY

How would you describe the youth (what name does the youth go by, does youth identify with another gender, other pertinent info)? Describe the youth's well-being. What are the youth's interests, goals, and aspirations? Describe any special needs the youth may have (e.g., medical and mental health diagnoses, allergies, emotional or behavioral concerns, academic challenges, and the youth's intelligence quotient [I.Q.]).

Printed name of FCM

Date form completed

Signature of FCM