



# CASE TRANSFER SUMMARY

State Form 54340 (R / 10-20)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** This form is to be completed in its entirety by the transferring Family Case Manager (FCM) and attached to the original case file when sending it to the family's new FCM after case has been transferred by the court. See policy [5.13 transferring a Case Between DCS Local Office](#) for additional information.

<b>CHILD A INFORMATION (Attach additional sheets if necessary.)</b>			
Name of child		Date of birth (month, day, year)	Case Management System identification number
Sex	Race	Last four (4) digits of Social Security Number	Medicaid number
Type of DCS case (check one) <input type="checkbox"/> Informal Adjustment <input type="checkbox"/> In-Home CHINS <input type="checkbox"/> Out-of-Home CHINS			
Address of child's placement (number and street, city, state, and ZIP code)			
Telephone number of child's placement (      )		Name of resource (if applicable)	
<b>CHILD A PARENT INFORMATION (Include noncustodial and absent.)</b>			
Name of mother		Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Address (number and street, city, state, and ZIP code)			Telephone number (      )
Place of employment			
Name of father		Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Address (number and street, city, state, and ZIP code)			Telephone number (      )
Place of employment			

<b>CHILD B INFORMATION (Attach additional sheets if necessary.)</b>			
Name of child		Date of birth (month, day, year)	Case Management System identification number
Sex	Race	Last four (4) digits of Social Security Number	Medicaid number
Type of DCS case (check one) <input type="checkbox"/> Informal Adjustment <input type="checkbox"/> In-Home CHINS <input type="checkbox"/> Out-of-Home CHINS			
Address of child's placement (number and street, city, state, and ZIP code)			
Telephone number of child's placement (      )		Name of resource (if applicable)	
<b>CHILD B PARENT INFORMATION (Include noncustodial and absent.)</b>			
Name of mother		Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Address (number and street, city, state, and ZIP code)			Telephone number (      )
Place of employment			
Name of father		Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Address (number and street, city, state, and ZIP code)			Telephone number (      )
Place of employment			

<b>CHILD C INFORMATION (Attach additional sheets if necessary.)</b>			
Name of child		Date of birth (month, day, year)	Case Management System identification number
Sex	Race	Last four (4) digits of Social Security Number	Medicaid number
Type of DCS case (check one) <input type="checkbox"/> Informal Adjustment <input type="checkbox"/> In-Home CHINS <input type="checkbox"/> Out-of-Home CHINS			
Address of child's placement (number and street, city, state, and ZIP code)			
Telephone number of child's placement (      )		Name of resource (if applicable)	

<b>CHILD C PARENT INFORMATION (Include noncustodial and absent.)</b>		
Name of mother	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Address (number and street, city, state, and ZIP code)		Telephone number (      )
Place of employment		
Name of father	Date of birth (month, day, year)	Last four (4) digits of Social Security Number
Address (number and street, city, state, and ZIP code)		Telephone number (      )
Place of employment		

<b>CASE INFORMATION</b>		
Date case opened (month, day, year)		
Provide a brief summary of family's reason for involvement with DCS and current situation and level of compliance.		
Provide a brief description of the child(ren)'s special needs (e.g., medical and mental health diagnoses, allergies, emotional or behavioral concerns school grades, etc.)		
List any critical issues (e.g., FCM safety, restraining orders, additional security needed at court, domestic violence) in this case.		
Why is this case being transferred?		
Date last Case Plan was approved (month, day, year)	Date next Case Plan is due (month, day, year)	If Case Plan is due within fifteen (15) days of case transfer, original FCM must complete.
Date of most recent FCM/child visit (month, day, year)	Date next case FCM/child visit is due (month, day, year)	If visit is due within five (5) days of case transfer, original FCM must complete and e-mail contact / visit information to new FCM to input in Case Management System contacts.
Date of most recent parent/child visit (month, day, year)	Date of most recent sibling visit (month, day, year)	Date of next sibling visit (month, day, year)

Name of previously appointed CASA/GAL	Telephone number of CASA/GAL (      )	Date transfer request was approved by court (month, day, year)
Printed name of transferring FCM		Telephone number (      )
Signature of FCM		Date (month, day, year)
Signature of FCM Supervisor		Date (month, day, year)
Printed name of FCM Supervisor		Telephone number (      )