

**CPS Case Transition Checklist**

**Note: This form will accompany the case file. \*\* indicates required items at the time of transition CFTM. Refer to policy 14.29 for timeframes around remaining items.**

<b>Date</b>		<b>To</b>	(Receiving Family Service Worker)	<b>From</b>	CPS Case Worker
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General Information					
Case Name					
TFACTS Case ID		Person ID			
Social Security Number	- -	Case Type	Assessment or Investigation		
County of Jurisdiction		Region			
Youth's Name				Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	- -	Person ID	
Youth's Name				Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	- -	Person ID	
Youth's Name				Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	- -	Person ID	
Youth's Name				Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	- -	Person ID	

The Following Items are Updated and Enclosed in the File			
Case File Provided (Copy) **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Genogram/Pictogram/Ecomap	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Case Summary Entered **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Medical Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Case Service Requests Completed or Re-Authorized **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Visitation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Initial FAST Completed **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Court Order(s) and Petition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
TFACTS Dictation Entered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	CPS Assessment Closed. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Non-Custodial Family Permanency Plan **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	CPS Investigation Closed. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
740 Entered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Initial Safety Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Functional Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Pre-conference held? Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Classification Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Upcoming court date? Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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*Sending Case Manager Signature*

Note: signature denotes you have reviewed the case file prior to transfer

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*Case Transfer Effective Date*

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*Records Received By (Name and Title)*

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*Date Received*

Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.