

POS APPROVAL FOR CASE TRANSFER

Cases may be transferred from POS to DCFS or another POS agency as outlined in DCFS Administrative Procedure #9. The completed form should be submitted with a signed CFS-1425 Change of Status Form, a copy of the current CFS-906 Placement-Payment Authorization, a case transfer summary, and any additional supporting documentation.

FAMILY NAME: _____ ID#: _____
 HEAD OF HOUSEHOLD LAST KNOWN ADDRESS: _____
 CHILD'S NAME: _____ ID#: _____
 PLACEMENT ADDRESS: _____
 CITY: _____ STATE: _____ ZIPCODE: _____ PHONE # (____) _____
 DOB: __/__/____ AGE: _____ SEX: FEMALE MALE BURGOS? YES NO
 AGENCY NAME: _____ RG _____ ST _____ FD _____
 CASEWORKER: _____ WORKER ID _____ PHONE (____) _____
 SUPERVISOR: _____ WORKER ID _____ PHONE (____) _____
 CURRENT LIVING ARRANGMENT (LIVAR) _____ CURRENT LIVAR DATE: _____
as verified by a current CFS 906 Placement-Payment Authorization
 Next Court Date: __/__/____ Court Location: _____
 Next ACR Date: __/__/____ ACR Location: _____

The sending worker retains responsibility for attendance and assisting in preparation for Court dates and ACRs that occur with thirty days of the transfer.

I. REQUEST FOR TRANSFER TO DCFS:

Reason for Transfer:

- | | | |
|---|--|---|
| <input type="checkbox"/> Residential Placement | PRT approval date: _____ | |
| <input type="checkbox"/> Transitional Living Program | DCFS Regional approval date: _____ | |
| <input type="checkbox"/> Detention Placement over 90 days | Expected release date: _____ | |
| <input type="checkbox"/> Placement in the Department of Corrections (IDC) | Expected release date: _____ | |
| <input type="checkbox"/> Puerto Rico Placement | Interstate Compact approval date: _____ | |
| <input type="checkbox"/> Division of Education & Transition Svs program | DETS approval date: _____ | |
| <input type="checkbox"/> Pre-Adoptive Resource | <input type="checkbox"/> Placement Resource | <input type="checkbox"/> Court Ordered Transfer |
| <input type="checkbox"/> DCFS Directed Transfer | <input type="checkbox"/> One Worker-One Family Consolidation | <input type="checkbox"/> Other, explain _____ |

II. REQUEST FOR TRANSFER FROM POS TO POS:

Reason for Transfer:

- | | | |
|--|---|--|
| <input type="checkbox"/> Independent Living Program | <input type="checkbox"/> Pre-Adoptive Resource | <input type="checkbox"/> Placement Resource |
| <input type="checkbox"/> Court Ordered Transfer | <input type="checkbox"/> DCFS Directed Transfer | <input type="checkbox"/> One Worker-One Family Consolidation |
| <input type="checkbox"/> Specialized Foster Care (DCFS Gatekeeper Approval Required) | <input type="checkbox"/> Other, explain _____ | |

POS Caseworker Signature _____ Date __/__/____

POS Supervisor Signature _____ Date __/__/____

APT Supervisor Approval _____ Date __/__/____

Attached Information:

- | | | | |
|-----------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> CFS 1425 | <input type="checkbox"/> CFS-906 | <input type="checkbox"/> Court Order | <input type="checkbox"/> Transfer Summary |
|-----------------------------------|----------------------------------|--------------------------------------|---|