1. **CASE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date dd/mm/yyyy | | Case ID number | | |
| Consent or assent provided for transfer of records | * Yes | | * No | * Not applicable |

1. **CASE TRANSFER INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reason for the case transfer. - **please avoid editing dropdown** | | * Specialized services required by child or family *(e.g. transfer to GBV case management, Protection Case Management, specialized MHPSS, etc)* * Case relocating to area where receiving agency is present. * Organizational reasons *(e.g., agency changes, closing program, etc).* * Caseworker unavailability *(e.g. maternity leave, change, caseworker changed jobs, etc.)* * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Transferred FROM:** | | | **Transferred TO:** | |
| Name agency/organization |  | | Name agency/organization |  |
| Name focal point |  | | Name focal point |  |
| Position focal point |  | | Position focal point |  |
| Address agency/ organization |  | | Address of agency/organization |  |
| Email address focal point |  | | Email address focal point |  |
| Telephone focal point |  | | Telephone focal point |  |
| Describe the transfer process  *(Provide details of meetings held to discuss handover of the case e.g. between the caseworker that was assigned to the case and the new caseworker, between the child and the two caseworkers, between the caregiver(s) and the two caseworkers.)*   |  | | --- | |  | | | | | |

1. **SUMMARY CASE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Current risk level | * High | * Medium | * Low |
| Overview of case management steps implemented (tick each case management step that has been or is being implemented) | * Registration * Case planning * Follow-up and review | * Assessment * Case plan implementation | |
|  | |
| Brief summary  *(Include history and current situation of the case, including last services provided/actions taken and ongoing services/actions being taken.)*   |  | | --- | |  | | | | |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Caseworker name | Date dd/mm/yyyy | Signature |
| Supervisor name | Date dd/mm/yyyy | Signature |
| Parent of Caregiver Name | Date dd/mm/yyyy | Signature |
| Child Name | Date dd/mm/yyyy | Signature |