

CPW to SWCM Transfer Packet Face Sheet

Case **must** be transferred from CPW to SWCM by the fifth business day.

Incident #: County #: FACS ID:	Report Date: INAL Alert Date: INAL Completed: Child(ren) Name(s):	F2F Handoff with the family present: Internal Transfer Date: INAL will be completed by the CPW if Family Preservation Services or the child is placed out of home via a court order prior to case transfer to SWCM.	Date of Last Child Visit: <input type="checkbox"/> Worker Child Visit Entered in JARVIS Date of Services Opened in FACS:
CPW:	SWCM:	Contractor: Choose an item.	<input type="checkbox"/> Uploaded Docs in File Manager
		Adult Caretaker(s) Information Only if Different	
Identifier	Name	Address & Email	Phone
Choose an item.			
Choose an item.			

Required Documents to be Completed Prior to Handoff on All Cases

- | | | |
|--|--|---|
| <input type="checkbox"/> CPA Report | <input type="checkbox"/> Safety Plan | <input type="checkbox"/> FACS Entries |
| <input type="checkbox"/> IV-A Application / Court Order | Choose an item. CINA Referral | |
| <input type="checkbox"/> Child Welfare Services Referral | | |
| <input type="checkbox"/> 470-3055, Referral and Authorization for Child Welfare Services | <input type="checkbox"/> ICWA Eligible (Checklist) | |
| <input type="checkbox"/> Safe Plan of Care (If Appropriate) | | |

Required Documents to be Completed for All Foster Care Placements

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|--|---|
| <input type="checkbox"/> VPA/Court Order | <input type="checkbox"/> Foster Family Placement Contract |
| <input type="checkbox"/> Medicaid Letter to Foster Family | <input type="checkbox"/> Placement Agreement (Shelter/ RT) |
| <input type="checkbox"/> Booklet "What Can I Do" (Spanish version) | <input type="checkbox"/> Child Support Pamphlet (Spanish version) |
| <input type="checkbox"/> Care Match Verification | <input type="checkbox"/> Placement Confirmation Email to Matching Email |
| <input type="checkbox"/> Family Foster Care Referral Form | <input type="checkbox"/> TOP Completed |

Required Documents to be Completed for All Foster Care & Kin/Fictive Kin Care Placements

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|---|---|---|
| <input type="checkbox"/> IV-E Completed | <input type="checkbox"/> Notify IM of placement | <input type="checkbox"/> Physical Record Form |
| <input type="checkbox"/> Notice to Schools | <input type="checkbox"/> Family Interaction Plan | <input type="checkbox"/> Rights of Youth |
| <input type="checkbox"/> INAL | <input type="checkbox"/> Family Treatment Court Referral | |
| <input type="checkbox"/> Notice to Relative Worksheet | <input type="checkbox"/> Relative Notices Entered | |

Required Documents to be Completed for All Kin/Fictive Kin Placements

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| <input type="checkbox"/> Booklet "How Can I Help This Child" (Spanish version) | <input type="checkbox"/> Financial Assistance for Relatives |
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IV-E Checklist

<input type="checkbox"/> FACS Entries	<input type="checkbox"/> MEDICAID APPLICATION (<u>Spanish version</u>) Uploaded in JARVIS IV-E	<input type="checkbox"/> VPA or Court Order Uploaded in JARVIS IV-E	<input type="checkbox"/> IPI OR Change Form Completed in JARVIS IV-E
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Date to Supervisor:	CPW Signature:
Date of Supervisor Review:	Supervisor Signature:

Required for SWCM to Review Within 3 Business Days After Case Transfer

- Read the current protective assessment
- Read the current court orders in File Manager or [EDMS](#)
- Review of all documents in CPA File Manager in JARVIS as it relates to the current case
- Review all prior HHS reports INAL
- Conversation with Supervisor about Document Review

SWCM Signature:	Date:
Supervisor Signature:	Date: