



# Child File Transfer Form



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ FID: \_\_\_\_\_ PID: \_\_\_\_\_

Current Site/Caseload: \_\_\_\_\_ Site/Caseload Transferring to: \_\_\_\_\_

**CHECK ALL BOXES THAT APPLY:**

- Immunizations current
- DRDP & Portfolio Attached (Current site must contact IT to transfer child in Learning Genie)
- Foster Child or CWS Involved Family
- Court Order
- Current Intervention/Safety Plan
- Family certified for CDE (if applicable)

**CHECK BOXES THAT APPLY AND LIST DATES:**

- Current Physical Date: \_\_\_\_\_
- Current Dental Date: \_\_\_\_\_
- IEP/IFSP Date: \_\_\_\_\_
- Date Child was Referred for Special Education (SEEC, SLP, EFRC): \_\_\_\_\_
- IHP Date: \_\_\_\_\_
- Current Authorization to Administer Medication Form Dated: \_\_\_\_\_

List Name(s) of Medication: \_\_\_\_\_  
\_\_\_\_\_

(Current site must return all medication to the family prior to transfer)

- Request for Special Meals Form Date: \_\_\_\_\_

(Receiving site must notify Central Kitchen of transfer date)

File Delivered By: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

File Received By: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

**ORIGINAL SITE/CASELOAD: KEEP A COPY FOR YOUR RECORDS**

**RECEIVING SITE/CASELOAD: FILE FORM IN SECTION 1**