



### Notification of Presumptive Transfer

Child/Youth Name:	DOB:	Dependency Status:
Date of determination of Presumptive Transfer:	Client Identification Number:	
This is an <b>Expedited Referral</b>	YES	NO

### Transfer Information

County of jurisdiction:			
County of residence:			
Street Address:	City:	State:	Zip Code:

### Assigned Social Worker/Probation Officer Contact Information

Name:	Regional Office:
Telephone:	Email:

### Caregiver Contact Information

Name:	Telephone:
Type of Placement:	<input type="checkbox"/> Relative/NREFM <input type="checkbox"/> FFA <input type="checkbox"/> STRTP <input type="checkbox"/> County Licensed FC <input type="checkbox"/> Other: <input type="checkbox"/> RFA Home <input type="checkbox"/> Group Home

### Contact information for individual with rights to sign Consent for Treatment

Name:	Relationship to child:		
Street Address:	City:	State:	Zip Code:
Telephone:	Email:		

### Contact information for individuals with rights to sign Release(s) of Information

Name:	Release by Court Order: <input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone:	Release by Court Order <b>requires</b> Court Order be attached.
Email:	

Complete form in its entirety and send with all documents - Release of Information, Court Order, JV 220, Consent for Treatment, Mental Health Assessment, CANS Assessment, and any other pertinent information, as applicable.

### Placement Agency Representative providing notification of Presumptive Transfer

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_