

**DEPARTMENT OF CHILDREN AND FAMILIES  
ADOLESCENT CASE TRANSFER CONFERENCE**

Case Name:	LINK Case Number:
Youth's Name:	Date of Birth:
Ethnicity:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Legal Status: Committed <input type="checkbox"/> TPR <input type="checkbox"/> Other <input type="checkbox"/>	Number of Placements:
Current Placement Type ( <i>check one</i> )	
<input type="checkbox"/> Home	<input type="checkbox"/> DCF Facility
<input type="checkbox"/> Foster	<input type="checkbox"/> Shelter
<input type="checkbox"/> Group Home	<input type="checkbox"/> Hospital
<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Detention
<input type="checkbox"/> Other ( <i>specify</i> ):	
Anticipated Discharge Date from Current Placement:	
Anticipated Next Placement Type ( <i>check one</i> )	
<input type="checkbox"/> Home	<input type="checkbox"/> DCF Facility
<input type="checkbox"/> Foster	<input type="checkbox"/> Shelter
<input type="checkbox"/> Group Home	<input type="checkbox"/> Hospital
<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Detention
<input type="checkbox"/> Other ( <i>specify</i> ):	
Treatment Plan Goal:	
Have Reasonable Efforts Been Deemed No Longer Appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Compelling Reason not to Transfer the Case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(If yes, please explain):</i>	
Is the Youth a Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> ( <i>If yes, please answer a, b, &amp; c</i> )	
a. Number of Children:	
b. Is (Are) the Child(ren) Committed to DCF?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Does (Do) the Child(ren) Reside with the Parent being Reviewed at the Transfer Conference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the Youth ever been Arrested? <i>(If yes, please answer a &amp; b)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Are there Charges Pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Is the Youth Currently on Probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Youth ever been Involved in Substance Abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Youth Currently Enrolled in an Educational program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, Does the Youth Plan to Attend a Post-Secondary Education Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Unknown <input type="checkbox"/>	
Is It Anticipated that the Youth will Need a Referral to:	DHMAS <input type="checkbox"/>	DMR <input type="checkbox"/> BRS <input type="checkbox"/>
<b>Transfer Decision</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Signatures</b>		
Youth's Social Worker:		Date: _____
Youth's Social Work Supervisor:		Date: _____
Adolescent Services Supervisor:		Date: _____
Adolescent Program Manager		Date: _____

**IF THE CASE IS BEING TRANSFERRED, PLEASE COMPLETE THE CASE TRANSFER SUMMARY**