



**Case Management
Case Transfer Request**

Date:

To: _____, Receiving Case Management Supervisor Region: _____ Division: _____

From: _____, Sending Case Management Supervisor Region: _____ Division: _____

The following person below has identified to move to your region/division and a request is being made to implement the transfer of the case file and case management services. The current case manager is: _____ (telephone #: _____). Attached is a copy of the person's current individual plan and individual budget. The case manager is available to provide additional information and is also available for a transitional meeting with the receiving case manager from your region/division. Please let me know who the receiving case manager will be so that I can make the change in CAMRIS and make arrangements for case file transfer. Please return a copy of this form to my attention with the case manager information.

Individual: _____ DDS #: _____ Medicaid Waiver: NA IFS Comp

New Address, if applicable:

New Address as of:

Transfer Hearing Notice shared, if applicable:

New Telephone Number, if applicable:

Responsible Person Contact: _____ Telephone #: _____

Responsible Person Address

Brief Profile of Individual and circumstances:

Briefly describe DDS funds and supports the individual currently receives:

Attachments: Individual Plan
 IP.6 Individual Budget

Briefly describe any Outstanding Issues/Concerns:

Recommendations/Follow-up Needs:

Please return to: _____, Case Management Supervisor RE: _____

The new case manager from: Region: _____ Division: _____
Telephone #: _____ CAMRIS Caseload #: _____

Case file transfer to: _____ on: _____ Date of Transfer: _____

Via:
 US Post Office Interoffice Mail Hand Delivery By: _____ Other: _____