

CAL-LEARN CASE MANAGEMENT INFORMATION INTERCOUNTY TRANSFER FORM

DATE

CLIENT NAME:	SSN:	DATE OF BIRTH:
AFDC CASE NAME/NUMBER:		
CLIENT'S NEW ADDRESS:	ZIP	PHONE:

SENDING COUNTY:	CWD ICT CONTACT PERSON:
SENDING CASE MANAGEMENT AGENCY:	FOR CASE MANAGEMENT INFORMATION CONTACT:
ADDRESS:	PHONE:
RESEARCH COUNTY INFORMATION:	

CLIENT INFORMATION:

Client has _____ child(ren); age(s): _____

- Client is pregnant; due date: _____
- Client completed the 90-day participation period on: _____
- Client has not completed the 90-day participation period;
the 90-day participation period began on: _____

Client received _____ bonuses or sanctions during the last 12-month report card period.

Start date: _____ End date: _____

- A bonus is due; on _____ How much: _____
- A sanction is due; _____ 1st half; _____ 2nd half _____
- Client exempted on: _____ reason: _____
- Client deferred on: _____ reason: _____
- Client needs to be transitioned into GAIN. Reason: _____

RECEIVING COUNTY:	CWD ICT CONTACT PERSON:	PHONE:
RESEARCH COUNTY INFORMATION:		