

CAL-LEARN CASE MANAGEMENT INTER-COUNTY TRANSFER SUMMARY

This form is to be sent only to Case management Agency in the receiving county.

NAME	DOB / /
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SSN	LODESTAR IDENTIFICATION NUMBER:
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NEW ADDRESS:	NEW PHONE: ()
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HEALTH INFORMATION:	EDC / /	GENERAL:
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MENTAL HEALTH ISSUES:

SUBSTANCE USE:

EDUCATION INFORMATION:	LAST SCHOOL
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ADDRESS	PHONE: ()
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CONTACT PERSON:	LAST DATE ATTENDED: / /
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GRADES/CREDITS:	OTHER INFORMATION:
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PENDING LEGAL:

BASIC NEEDS:

SAFETY/VIOLENCE ISSUES:

SOCIAL SUPPORT ISSUES:

PARENTING ISSUES:

CURRENT PARTNER:

INDEX CHILD:	FIRST	LAST	DOB / /	TRANSFERRING WITH CLIENT Y N
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CONCERNS:	FOB:
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CHILD:	FIRST	LAST	DOB / /	TRANSFERRING WITH CLIENT Y N
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CONCERNS:	FOB:
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CHILD:	FIRST	LAST	DOB / /	TRANSFERRING WITH CLIENT Y N
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CONCERNS:	FOB:
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ANY ADDITIONAL INFORMATION HELPFUL TO THE RECEIVING CASE MANAGER:

	DATE OF LAST CONTACT WITH CASE MANAGER: / /
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CASE MANAGER (PLEASE PRINT)	DATE: / /
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AGENCY ADDRESS:	PHONE: ()
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