CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

DATE:

NOTIFICATION OF AFDC-FOSTER CARE TRANSFER

SECTION A - SENDING COUNTY COMPLETES *(PLEASE TYPE OR PRINT)*

CASE NAME	CASE NUMBER	CHILD'S PARENTS' NAME(S)

CHILD'S NAME	CHILD'S SOCIAL SECURITY NUMBER	DA CHILD SUPPORT NUMBER(S)

SENDING COUNTY ADDRESS	PAYEE NAME (IF FAMILY PLACEMENT - RELATIONSHIP)

RECEIVING COUNTY ADDRESS	ADDRESS OF FOSTER HOME OR INSTITUTION

TELEPHONE NUMBER:
(   )

DISCONTINUANCE DATE/END OF TRANSFER PERIOD	DATE JURISDICTION TRANSFERRED

CURRENT PAYMENT AMOUNT:	BASIC RATE: $	SPECIALIZED CARE RATE: $	INFANT SUPPLEMENT: $	CURRENT CLOTHING ALLOWANCE: $	☐ INITIAL ☐ ANNUAL:

AID PROGRAMS:
☐ FEDERAL FOSTER CARE   ☐ STATE FOSTER CARE   ☐ EMERGENCY ASSISTANCE
☐ MEDI-CAL ONLY   ☐ COUNTY ONLY   "NOT-TO-EXCEED DATE:"_____

DOCUMENTATION:

ENCLOSED   **N/A**

☐ ☐ EA AUTHORIZATION DOCUMENTS [EA 1/ ACE SCREEN PRINT, OR OTHER DOCUMENTS]
☐   SAWS 1
☐   FC 2/JA 2
☐   SOC 158A OR EQUIVALENT:_____
☐   BIRTH CERTIFICATE/ALIEN STATUS DOCUMENTATION
☐   SOCIAL SECURITY NUMBER DOCUMENTATION
☐   FC 3/FC 3A - VERIFICATION OF DEPRIVATION
☐ ☐ EVIDENCE SUPPORTING FEDERAL ELIGIBILITY [LINKAGE & DEPRIVATION]
☐   COURT ORDER/AUTHORITY FOR PLACEMENT DOCUMENTATION
      ☐ DETENTION ORDER   ☐ DOCUMENTATION OF THREE JUDICIAL FINDINGS
      ☐ TRANSFER OF JURISDICTION   ☐ GUARDIANSHIP/RELINQUISHMENT PAPERS
      ☐ JURISDICTION ORDER   ☐ DISPOSITION ORDER
      ☐ PERMANENCY HEARING ORDER(S) WITH REASONABLE EFFORTS FINDINGS
☐ ☐ PROPERTY OF MINOR/TRUST INFORMATION
☐ ☐ INCOME OF MINOR:_____ TYPE:_____ AMOUNT $_____
☐ ☐ INDEPENDENT LIVING PLAN
☐ ☐ 18 YEARS OLD AND OVER DOCUMENTS [MUTUAL AGREEMENT, SCHOOL VERIFICATION]
☐ ☐ DHS6155 HEALTH INSURANCE QUESTIONNAIRE
☐ ☐ APPLICATIONS PENDING (SSI/SSP)
☐ ☐ FC 4
☐ ☐ OTHER:_____

SOCIAL WORKER'S NAME	SOCIAL WORKER NUMBER	SOCIAL WORKER'S TELEPHONE NUMBER ( )

COMMENTS:

ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER NUMBER	ELIGIBILITY WORKER'S TELEPHONE NUMBER ( )

SECTION B: RECEIVING COUNTY COMPLETES: *(PLEASE TYPE OR PRINT)*

☐ TRANSFER ACCEPTED   ☐ TRANSFER NOT ACCEPTED - REASON:
☐ CASE ELIGIBLE - WILL BEGIN ON: ☐ CASE INELIGIBLE   - REASON:

ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER NUMBER	ELIGIBILITY WORKER'S TELEPHONE NUMBER ( )

DISTRICT OFFICE