

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:		