

Case Transfers

(Revised 07/02/20)

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Forms

The following forms are referenced in this file:

- 04-2 Investigation Narrative
- 04-77 Case Transfer Template
- 04-119 Case Transfer Checklist (CWS/CMS template)
- BCIA 8583 Child Abuse Investigation Report (accessible through CWS/CMS)

Description

Transferring a case from one SW to another is a separate activity from changing service components. (For example, a case may change its service component from FR to FM while remaining with the same CS SW.)

A case **transfer** occurs when the physical and electronic cases are transferred from one PSS to another PSS.

Description (cont.)

For purposes of these transfer policies:

- A cross-region referral/case will be considered “transferred” when the CWS/CMS referral/case is sent to the receiving region.
- An intra-region referral/case will be considered “transferred” when the CWS/CMS referral/case is sent to the receiving PSS.

The hard case file must immediately be transferred to the receiving region/PSS.

General policy

The policies and procedures contained in this file are not to be construed as mandating the transfer of a referral or case. However, when a referral/case is being transferred, then the policies related to that transfer **are** mandatory.

The decision to transfer a case to another SW should not be made lightly. Family members, particularly children, can feel disrupted by a change in SW, even when it’s in their “best interests” and improves the delivery of services to them.

Best practice encourages staff to take into account existing relationships with the child, family, and service providers when considering transferring a case, even when CWS policy allows the case to be transferred.

In general:

- FR cases should be assigned to the region where the parent resides* (if there are two parents who reside in different Regions, determine which parent is most likely to reunify and send the case to that Region).
- PP cases should be assigned to the region where the child resides.*

NOTE: Except when a case will be assigned to Residential Services, the Indian Specialty Unit, the Medically-Fragile Unit, or SPA.

Within five working days of a case being assigned (as a primary assignment), the SW will contact the caregiver and/or parent(s) and document it in the CWS/CMS Contact Notebook. Contact may be written, telephone, or in-person (warm hand off in-person is best practice). If written contact is to be used for the caregiver, the SW may use the [Required Monthly Contact with Caretaker report](#).

Within 15 working days of receiving a case, the new SW will provide their contact information to all service providers working with the family, including professionals (such as attorneys) and CASA, if applicable.

CS transfers between regions

CS cases may be transferred between regions only when at least one of the following applies:

- the child(ren) is placed with a parent *and* the parent has moved to a **stable** residence in another region *and* the address has been verified
- the parent(s) whereabouts are unknown *and* three months of search efforts have been documented *and* there is documentation that the child is in a stable placement in another region
- the parent(s) and child(ren) are residing together in a residential treatment facility (6- to 12-month program) in another region *and* the parent has entered into a formal agreement with the facility for services and the parent has been at the facility for at least 45 days
- there is a change of program and the new program is only offered in another region (e.g., Residential, Indian Specialty Unit, Medically-Fragile, SPA, etc.)
- it's an FM or FR case and the **parent** moves to a different region.
NOTE: If an FR case has parents who do not live in the same region, then the address of the parent who is most likely to reunify with the child(ren) should determine the appropriate region.
- It's an APPLA case and the **child** moves to a different region.
NOTE: If a child's move results in a sibling group now living in more than one region, then the SW and PSS must consider the best interests of the **entire** sibling group when determining whether or not to transfer. Factors to consider include the SW's existing relationships with the children, SCPs, schools, and service providers, the services the children are receiving, etc.

Prior to any transfer, the SW will ensure that any court dates are at least 60 days in the future.

Exception: Cases may be transferred when a court date is scheduled within this 60-day time frame if the court report has already been completed and the sending and receiving PSS both agree to the transfer.

If a client has an active Monthly Compass Card issued through CWS, the new SW will immediately submit an updated 04-197 to the Regional Fiscal Clerk so the Card may be transferred between regions without interrupting transportation services.

ILS youth

For ILS youth:

Follow this procedure when an ILS-involved youth moves from one region to another:

Step	Who	Action
1	Case carrying SW	Email the ILS SW with notification of the youth's new address.
2	ILS SW	Has youth attended a Transfer Readiness Meeting? If yes, then go to Step 4. If no, then go to Step 3.
3	ILS SW	Continue to provide ILS case management services.
4	ILS SW	Consult with the youth and the Contract agency staff. Determine whether it is in the best interest of the youth to continue receiving services from the current Contract agency or to transfer to the Contract agency in the youth's new region of residence. Notify the case-carrying SW if the youth will be assigned to another Contract agency.

When not to transfer between Regions

It is not appropriate to transfer a CS case to another region or Specialty Unit when:

- parent(s)/guardian(s) whereabouts are unknown at the time of, or subsequent to, a case being assigned to a region. That case will remain in the region that investigated the allegations and determined disposition.
 - parent(s) *and* child(ren) are residing in a temporary shelter or are without permanent residence. That case will remain in the same region that conducted the investigation and/or is providing services.
 - FR case is between the 12- and 18-month review hearings, even when a caseload is being dispersed. Since the provision of FR services is particularly critical at this juncture and the current unit or PSS is most likely to have knowledge of the case history, a transfer to another region (and/or court) might disrupt the provision of reasonable services.
 - SW is recommending the child(ren) not be returned to parents and that a hearing be scheduled within the next 60 days.
-

When not to transfer between Regions (cont.)

- parent is in a residential treatment facility and the child is **not** with that parent, but is placed in the region of the facility. The case will not be transferred to that region until the parent’s level of stability/commitment has been assessed.
- child is AWOL, unless there is agreement between both the sending and receiving PSSs that transfer of the case is appropriate.
- resource parents annual reassessment is due within 60 days. The reassessment must be completed prior to the transfer.
- child is with the parent(s) on a 60-day trial visit.

Timelines for referrals/cases pre-dispo

Timeline for transferring referrals/cases pre-dispo:

When transferring a(n)...	and this court report has been written...	...the PSS will transfer it within...
ER referral and the child(ren) is/are in custody...	--	2 hours of custody. NOTE: If there will be a delay, the sending PSS must immediately and directly notify the receiving PSS of that fact (no voice mail).
ER referral and the child(ren) are NOT in custody...	--	24 hours. Exception: If the children are in custody and/or a petition is expected to be filed and the referral has not yet been investigated by ER, then the ER PSS will immediately contact the CI PSS to discuss which program should take the referral. The goal is to not assign a short-term SW to the family if it’s not necessary.
referral/case...	Detention Hearing Report	24 hours after the Detention Hearing.

Timelines for cases post-dispo

Timeline for transferring cases post-dispo:

Step	Who	Action
1	SW	Submit the case transfer approval request to PSS within 5 business days of the event(s) that qualified the case for transfer.
2	PSS	Ensure that all required elements are complete. If complete, transfer within 2 business days of receipt from the SW.
3	Receiving PSS	Review case per existing policy and procedures and assign to a SW within 2 business days after it arrives in PSS's inbox. NOTE: If all of the required transfer elements on the Case Transfer Checklist (04-119) are not satisfied and the receiving region/program immediately returns the case, then the current date will be considered the transfer date, not the original transfer date.

**Transferring
between programs**

The table below displays transfer requirements in addition to those listed on the Case Transfer Checklist (04-119). The transferring PSS and the receiving PSS must both review and sign the 04-119.

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...
ER	ER/CI	<ul style="list-style-type: none"> • transfer the referral within two hours whenever a non-dependent child is brought into custody or a field detention is made during normal working hours. • if after-hours, (including Standby), transfer the referral by the next working day, within the 2-hour timeline. <p style="margin-left: 40px;">NOTE: The ER SW will not conclude any allegations of the primary referral; that is the responsibility of the ER/CI SW. However, the ER SW should dispose of any secondary referrals, as appropriate.</p> • make a Secondary Assignment if the 2-hour timeline is expiring and further information must be documented. • the ER PSS will initiate a warm hand-off with the ER/CI PSS and give the hard file to the regional assignment clerk for transfer. • refer to the Investigation Responsibilities by Program PM file for additional information on in-custody and non-custody referrals.

**Transferring
between programs
(cont.)**

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...
ER/CI	VS	<ul style="list-style-type: none"> • open to cases on all children • when there is a recommendation for no contact with the perpetrator, document in the Contact Notebook that an assessment has been made of the compliance with the no-contact order. <p>NOTE: For 360(b) cases without review hearings (see ER - Voluntary Services), make sure it is documented in CWS/CMS that the court:</p> <ul style="list-style-type: none"> ○ made a true finding ○ did not declare the child a dependent ○ placed the child under HHSA supervision. <p>Refer to the Investigation Responsibilities by Program PM file for additional information.</p>

Transferring
between programs
(cont.)

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...
ER/CI	CS (FM, FR, APPLA)	<ul style="list-style-type: none"> • review for “HVC”(see Highly Vulnerable Children Protocol) designation. Stamp hard case file if applicable. • review the Court Officer’s summary and comply with any immediate orders. • ensure that the Case Plan is signed by the parent or that the CWS/CMS Case Plan Notebook documents the reason(s) it isn’t signed. • ensure that any court-ordered therapy/ psychological evaluation referrals have been made. • document in the CWS/CMS Transfer Summary that DOJ and RAP sheet clearances have been done on parents and potential relative caregivers, and/or other individuals 18 and older living in the home of the child. Reminder: Do not file copies of these forms in the hard case file. All RAP sheets must be returned to the Law Enforcement Liaison. • transfer all applicable case files for siblings, including any closed files that are in the SW’s possession. • prepare a 15-Day Review Report, if applicable. Send original plus one copy to the Court Unit, place one copy on top of hard file. • if applicable, complete and forward the BCIA 8583 to the regional 8583 Clerk (see Processing DOJ Form BCIA 8583). <p>NOTE: 360(b) cases WITH a review hearing scheduled should be transferred to CS not VS.</p>

**Transferring
between programs
(cont.)**

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...								
ER	Medically-Fragile CS	<p>PSS will screen the case with the PSS of the Medically-Fragile Unit and with the PHN before transferring it and then follow these steps:</p> <table border="1" data-bbox="992 468 1490 1423"> <thead> <tr> <th data-bbox="992 468 1105 520">Step</th> <th data-bbox="1105 468 1490 520">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="992 520 1105 646">1</td> <td data-bbox="1105 520 1490 646">Ensure the case meets the Medically Fragile criteria (see Medically Fragile Children).</td> </tr> <tr> <td data-bbox="992 646 1105 1098">2</td> <td data-bbox="1105 646 1490 1098"> Send the following to the Medically-Fragile PSS: <ul style="list-style-type: none"> • an email with the child’s name, DOB, case number, number of siblings, language spoken, and medical condition • most recent medical report(s), current within the last six months (if possible). </td> </tr> <tr> <td data-bbox="992 1098 1105 1423">3</td> <td data-bbox="1105 1098 1490 1423"> Is the case accepted? If yes, then transfer the case to the PSS of the Medically-Fragile Unit. If no, then DO NOT transfer the case. </td> </tr> </tbody> </table> <p>NOTE: The Medically-Fragile Unit conducts a periodic case review to insure the case continues to meet criteria, because medical conditions can improve or stabilize.</p>	Step	Action	1	Ensure the case meets the Medically Fragile criteria (see Medically Fragile Children).	2	Send the following to the Medically-Fragile PSS: <ul style="list-style-type: none"> • an email with the child’s name, DOB, case number, number of siblings, language spoken, and medical condition • most recent medical report(s), current within the last six months (if possible). 	3	Is the case accepted? If yes , then transfer the case to the PSS of the Medically-Fragile Unit. If no , then DO NOT transfer the case.
Step	Action									
1	Ensure the case meets the Medically Fragile criteria (see Medically Fragile Children).									
2	Send the following to the Medically-Fragile PSS: <ul style="list-style-type: none"> • an email with the child’s name, DOB, case number, number of siblings, language spoken, and medical condition • most recent medical report(s), current within the last six months (if possible). 									
3	Is the case accepted? If yes , then transfer the case to the PSS of the Medically-Fragile Unit. If no , then DO NOT transfer the case.									

**Transferring
between programs
(cont.)**

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...
ER	Indian Specialty Unit (ISU)	<p>If the ER/CI SW determines during the investigation that a child is or might be an Indian child, the SW should consult with the ISU PSS for possible transfer and document that consultation in the Contact Notebook.</p> <p>NOTE: If accepted for transfer, transfer the ICWA case to the North Inland region, not directly to the ISU PSS.</p>
Guardianship	CI/ER	<p>When a child under guardianship is brought into custody or requires a petition to be filed because of abuse/neglect or because the guardian requests termination of the guardianship, transfer to case to CI/ER within 2 hours of custody time with all accompanying paperwork.</p>
CS	Medically-Fragile Unit	<p>Follow above procedure for transferring from ER to Medically-Fragile.</p>
CS	RS	<ul style="list-style-type: none"> • ensure all items requested on the RS acceptance letter are in the file. • ensure there are no court hearings scheduled within the next 60 days, except for 15-day reviews. If there is a court hearing scheduled within the next 60 days, the assigned SW must complete the court report and cannot transfer the case until after the hearing. • complete the Relative and Non-Relative Extended Family Member Annual Reassessments if the reassessment is due within 60 days. • for AWOL youth, verify that acceptance by RS and an order for a LGH are already in place.

**Transferring
between programs
(cont.)**

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...
RS	CS	<p>Transfer to CS when a child moves from a LGH/STRTP/FFA to a lower placement level.</p> <p>NOTES: The SW will ensure that the child has maintained the placement at the lower level of care for at least 90 days prior to transferring the case.</p> <p>If the child is placed out-of-state, the case will be transferred to the region that most recently had it.</p> <p>RS cases will not be transferred when:</p> <ul style="list-style-type: none"> • the case is expected to close within six months • one or more siblings remain placed in a LGH/STRTP • there is a court hearing scheduled within 60 days. The assigned SW must complete the court report and wait until after the hearing to transfer the case.
Specialty Unit (e.g., RS, Med. Fragile, Deaf Services)	Anywhere	Transfer to the appropriate region based on existing parent or child zip code criteria (see Hotline - Assignment of Referrals) when the identified child/family no longer meets the Specialty Unit criteria.
Anywhere	PPAU	Follow these PPAU transfer procedures when a 366.26 hearing is pending.

**Transferring
between programs
(cont.)**

When transferring from this program...	To this program...	Complete the transfer requirements , update the Genogram, and...
CS (APPLA)	EFC Unit	<p>All youth 17 and older with a PP service component will be transferred to the EFC unit. Exception: The ISU and Medically Fragile units will keep their EFC cases.</p> <p>Ensure that there are no hearings scheduled within the next 60 days. If a hearing is scheduled within 60 days, then instead of transferring the case, make a secondary assignment to the EFC Unit PSS.</p> <p>NOTE: FM/FR cases cannot be transferred to the EFC Unit, nor can sibling or SPA cases.</p>
Anywhere	Dual Status Unit	See Dual Status Youth section.
Anywhere	SPA	Upon acceptance, transfer to SPA.
Anywhere	Adoptions	Ensure that the PPAU Referral and any notices for the .26 Hearing are in the file.

Reminder: Ensure that CWS/CMS reflects the correct Service Component.

Storing and transferring genograms and ecomaps

Follow this procedure when transferring a case that has a Genogram/Ecomap that was created in the Genogram Analytics Software (GA Software).

Step	Who	Action
1	Assigned SW	Export genogram from GA Software for the case that needs to be transferred, and save the current version on the region's S drive under the Genogram or Ecomap folder (consult the Genogram Quick Guide for instructions and naming convention). Hint: To avoid accidentally losing a genogram, save it back to the S drive folder whenever it's updated.
2	Assigned SW	Will the case remain in the same region? If yes , then nothing further needs to be done. If no , then go to Step 5.
3	Receiving SW (in same region)	Retrieve the genogram from the S drive, import it to your genogram account and update it whenever necessary. SWs are strongly advised to save it in the S drive whenever changes are made, to prevent losing the information and to enable PSSs and other SWs to access it if needed.
4	Receiving SW (in a different region)	Did you receive the genogram for the case that was transferred to you? If yes , then go to Step 7. If no , then go to Step 6.
5	Assigned SW	Email a copy of the genogram (.sql version from the S drive) to the receiving SW (consult the Genogram Quick Guide for instructions).
6	Receiving SW	Ask the sending SW to email the genogram to you.
7	Receiving SW	Save a copy on your Region's S drive. If Ecomap , save to the Ecomap Folder. If Genogram , save to the Genogram Folder.

Dual Status Youth

Cases will not be transferred to the Dual Status Unit until **after** the case has been declared dual by the court, which is typically during the 241.1 hearing. Once the order for dual status has been made, the case will be transferred to the Dual Status Unit if there are no court dates pending within 60 days.

Exception: Cases may be transferred with a court date sooner than 60 days if the court report has been completed, and if the sending PSS and the Dual Status Unit PSS both agree to the transfer.

This table shows which region/program will be assigned to manage the case after dual status is **terminated**. (Refer to the CYPM-Dual Status Protocol for more information on the termination of dual jurisdiction.)

If the Service Component is...	the case will...
Family Reunification (FR)	be assigned as determined by the Dual Status Unit PSS and the regional PSS on a case-by-case basis.
Family Maintenance (FM)	be transferred to region based on existing case assignment policy and procedures.
Permanent Placement (PP)	remain in the Dual Status Unit.
Supportive Transition (ST)	remain in the Dual Status Unit.

Monthly contact responsibility

Monthly contact responsibilities for cases being transferred are:

If the case is transferred the...	Then the SW who...
1 st through the 14 th of the month	Received the case will be responsible for making that month's face-to-face contacts with the child(ren)/parent(s) and documenting them in CWS/CMS.
15 th through the 31 st of the month	Transferred the case is responsible for making that month's face-to-face contacts with the child(ren)/parent(s) and documenting them in CWS/CMS. (The SW will need to make/keep a secondary assignment to be able to enter the contacts after the case transfers).

NOTE: If a case is being transferred to PPAU, PPAU does not perform any case management functions, including making contacts. The transferring SW is responsible for completing the contacts. Refer to [PPAU](#) policy for more information.

Highly Vulnerable Child(ren) (HVC)

When transferring and receiving a HVC referral/case, the SWs and PSSs **must** verbally communicate with each other and discuss the current case status, risk factors and any concerns that require immediate attention.

NOTE: See Highly Vulnerable Children Protocol for more information.

Transfer Requirements

When transferring a referral/case from one SW to another, the transferring SW will complete the following:

Item	Action
Investigation Narrative (04-2) for referrals CWS/CMS Case Notes for cases	Include the following information: <ul style="list-style-type: none">• Reason for referral/case• Reason for transfer• Assessment of findings and SDM risk level• Services provided and the parents' compliance• Current status (including dates of last contacts with children and parents, restrictions on visitation, confidentiality, scheduled medical and other appointments, dangerous propensities, pending reports due, and next court hearing date)• Special needs such as PRUCOL, language/interpreter, etc.• Reason for Alerts, when applicable <p style="text-align: right;">(continued on next page)</p>

**Transfer
requirements (cont.)**

Item	Action
<p>Investigation Narrative (04-2) for referrals</p> <p>CWS/CMS Case Notes for cases</p>	<ul style="list-style-type: none"> • The date that is 12 months from removal (to assist with tracking reunification within 12 months) • School of origin • Whether or not (and if so, which one[s]) of the following engagement techniques were used: <ul style="list-style-type: none"> ○ Three Questions ○ Solution-focused questions ○ Cultural responsiveness ○ Appreciative inquiry ○ Harm and Danger Statements ○ Safety Goals ○ Behavioral language in case plans ○ Obtaining the voice of the child (such as through Three Houses or Safety House) ○ Family Centered Meetings such as mappings, TDMs or CFT meetings ○ SDM Safety and Risk Assessment tools (ER) ○ Identification of family networks and use of networks if writing a safety plan (ER and FM) ○ Quality visits with families (FM, FR) ○ SDM Risk Reassessment (FM) ○ SDM Reunification Reassessment (FR) ○ CANS assessment tools ○ Visitation plans (FR) <p>NOTE: Best Practice is to copy and paste Case Notes into each sibling's file.</p>
<p>04-77 Case Transfer Template</p>	<p>Complete all applicable fields.</p>
<p>Case Transfer Meeting-“Warm Hand-Off”</p>	<p>See Warm hand-off section below.</p>

Transfer requirements (cont.)

Item	Action
04-119 Transfer Checklist (CWS/CMS template)	Check all applicable items and ensure that CWS/CMS has been updated accordingly. Clip printed copy to front of hard file.
Transfer Request Page in CWS/CMS	Include a very brief summary (254 characters) of the reason for the transfer, including to whom the referral/case should go.
SDM Safety and Risk Assessment	Complete all appropriate items. Reminder: Do not keep SDM tools in the physical case file.
CWS/CMS Reminders	Take appropriate action to resolve any past-due and upcoming Reminders.
PSS approval	Approve the transfer online.

SW leave reassignment requirements

If a SW goes out on leave or will be absent for an extended period of time (expected or unexpected), the SW's caseload or referrals should be re-assigned in a timely manner.

If it is a...	Then transfer...
open case	within 5 days If the SW did not have or did not document monthly contact with the child(ren), the re-assigned SW must make the monthly contact. NOTE: Whether assignment is primary or secondary should be dependent on term of SW leave.
IRS/24 hour referral with documented or undocumented attempt, but no contact made with children	immediately (attempts must be every day until contact made or all avenues exhausted)
5 day or 10 referral with documented or undocumented attempt, but no contact made with children AND SW will be absent for 3 consecutive days	within 2 days and documented (additional attempt must be made on 3 rd day) If there is no documented contact or attempted contact, reassign immediately and must make attempt within 5 day or 10 day timeframe (original referral date) or re-assigned as IRS

Case Transfer Meeting-“Warm Hand-Offs”

A Case Transfer Meeting or “warm hand-off” occurs when the current SW and PSS meet with the new SW and PSS to discuss the case. Warm hand-offs provide a sense of continuity for the family and provide critical information for the new SW and PSS, and are intended to be brief, concise meetings. Warm hand-offs are required for referrals/cases transferring between ER and CI, and recommended for cases transferring between all other programs. A warm hand off includes the following requirements:

- be attended by the:
 - transferring SW
 - transferring PSS (SPSW may substitute for PSS)
 - receiving SW
 - receiving PSS (SPSW may substitute for PSS)
- include a brief summary of the protective issue and CWS history
- address the current status of the family, including updates on the mother, presumed/alleged father(s), ICWA, LE involvement, incarcerated parents, and any pertinent information about the family or potential members of the family’s support system/safety network
- address visitation (existing order/plan, status of first parent/child visit, whether or not they’re supervised and if so, by whom, location length, frequency, etc.)
- address placement issues (if out-of-home), including relatives/NREFMs being considered for placement, information re: background checks or assessment of appropriateness of placement, pending RFA issues, summary of/need for FCM, etc.
- include when the last face-to-face contact with each child occurred
- a discussion of any educational issues (including efforts to maintain the child in the school of origin)
- information about services (e.g., what the parents are required to do, when referrals were given and to what service, status of participation, progress in services, etc.)
- a review of court orders and all pending items.

The SW will address the warm hand-off on the Transfer Checklist (04-119).

Best Practice regarding Warm Hand-Offs:

The following are **highly recommended** (in addition to the required elements above) during a warm hand-off meeting:

- Attendance by:
 - RFA and Regional Placement staff to address the placement issues.
 - Parent Search Clerk to begin/continue search efforts (if applicable)
 - ICWA Specialist if noticing or inquiry is pending
 - PHN (if applicable)
 - CSF, Family Visit Coach (if applicable)
 - Tribal SW (if applicable)
 - A plan for the transferring and the receiving SWs to make a joint visit to see each child and parent.
-

Procedure for transferring a case in CWS/CMS

When transferring a case from one SW to another SW in CWS/CMS, refer to the Case Transfer Checklist (04-119) before completing this procedure to ensure that all of the necessary information is in the appropriate CWS/CMS fields.

Step	Action
1	Open the Client Services application.
2	Open an Existing Case Folder. <ul style="list-style-type: none"> • Click on the Open Existing Case Folder icon. • Select the case you want to transfer from the Open This Case list in the Open Folder dialog box. Click OK. • Click Yes in the dialog box to open the retrieved case folder.
3	Complete the Transfer Summary. <ul style="list-style-type: none"> • Click on the Case Management Section button (green). • Click on the Create New Document-Case button (+) below the Document-Case Notebook icon • Select Case Notes from the Document to Generate list in the Generate New Document dialog box. Click OK. • Type your Transfer Summary on the Case Notes document. • Print the document (optional). • Minimize (do not close!) MS Word.
4	Complete the Case Transfer Checklist (119 Template in CWS/CMS). <ul style="list-style-type: none"> • Click on the Case Management Section button (green). • Click on the Create New Document-Case button (+) below the Document-Case Notebook icon. • Select San Diego from the County drop-down list in the Generate New Document dialog box. (Scroll up). • Select the 119 –Case Transfer Checklist from the Document to Generate list. Click OK. • Complete the document. • Print the document. • Minimize MS Word.

Procedure for transferring a case in CWS/CMS (cont.)

Step	Action
5	Request case transfer approval. <ul style="list-style-type: none">• Select Action from the menu bar.• Select Approval from the drop-down menu.• Select Pending Approval from the Approval Status drop-down list in the Approval dialog box.• Type a Rationale for the approval request in the Rationale text box (optional). Click OK.
6	Save to Database.

Incorrect assignment of referrals

If a referral is assigned to the incorrect region, the ER PSS may contact the Hotline PSS to return it for correct assignment if it is within two hours of the referral being received at the Hotline. If it is past the 2-hour window and the referral has not been assigned to a SW, the receiving PSS should contact any ER PSS in the correct region to arrange to transfer the referral to the appropriate region immediately, to ensure that the child will be seen within the mandated timeframe. Any dispute between regions will be elevated to the respective Managers.

Transferring between courts

The transfer of a case between courts is a separate decision/action from the transfer of a case within CWS. The two actions may occur independently of each other.

Transfer of the **court** case is NOT required when transferring a case to another region. Contact County Counsel to discuss the advantages and/or disadvantages of requesting a court transfer.

**Optional CWS/CMS
“Required Monthly
Contact with
Caretaker” report**

The SW may use the optional “Required Monthly Contact with Caretaker” report in CWS/CMS to contact the SCP when a new case is received. Follow these steps to access this report.

Step	Action
1	Open the case you have recently received in CWS/CMS.
2	Click on File, Print Report from the Menu Bar.
3	Select Placement Report under the Area of Interest list.
4	Select the Required Monthly Contact with Caretaker report.
5	Click Print Preview .
6	Select the Child whose SCP you need to contact from the For this Client list.
7	Select the current Placement Home in the Select this Placement list.
8	Click OK .
9	Review the document to make sure the information is correct. Information may be added to the letter at this time.
10	Print and close the document.

Alignment with SET

This policy supports the following SET Values:

- [Value 1](#) and the guiding principle of partnering with the whole family to create long-term safety, ongoing permanency, and well-being.
 - [Value 2](#) and the guiding principle of consistent communication and information sharing, and the agency practice of utilizing shared decision making with child/youth voice and well-being at the forefront.
 - [Value 5](#) and the guiding principle of ensuring that all parties have mutual understanding of, and respect for, one another’s roles, the law, and the rights due to children, youth, and families.
 - [Value 6](#) and the agency practice of appreciating teamwork and a multi-disciplinary approach to practice.
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