

VIII. Transfer Instruction Sheet for Medication, Medical, Emotional, or Behavioral Information

The purpose of DSCYF Policy 207, Transfer Instruction Sheet, is to ensure continuity of care for children entering or leaving residential care. The Transfer Instruction Sheet contains the most accurate and current information regarding a child's school, medication, and other medical, emotional, and behavioral information.

A copy of Policy 207 can be located at www.state.de.us/kids/pdfs/pol A Transfer Instruction Sheet should accompany a child when entering residential care, moving from one residential program to another, when returning to the community from residential placement, or going on a home pass or visit. Procedures to be followed in using the Transfer Instruction Sheet include:

- A. All children entering a DSCYF contracted residential placement or foster home should have a Transfer Instruction Sheet accompanying them prepared by the current caregiver or case manager.
- B. All children receiving prescription medication and going on a home pass or visit should have a Transfer Instruction Sheet accompanying them that was prepared by the current caregiver or case manager.
- C. The Transfer Instruction Sheet is completed by the current caregiver or case manager following the Instructions for Completing Transfer Instruction Sheet each time a child leaves or is discharged from a placement. (See Instructions for Completing Transfer Instruction Sheet and Transfer Instruction Sheet below.)
- D. When a child is receiving prescription medication, the child's current caregiver and the adult or DSCYF employee transporting the child should ensure that the information on the Transfer Instruction Sheet is consistent with the label on the medication bottle. The transporting adult should sign for each medication on the Transfer Instruction Sheet. Medication should pass from adult to adult. The receiving adult caregiver to whom the child is being transferred signs and dates the Transfer Instruction Sheet for each medication that accompanies the child.
- E. The Transfer Instruction Sheet should be completed in triplicate. The original copy is retained by the current care provider (person/agency completing the form), one copy is left with the receiving care provider, and one copy is maintained in the Division case record for the child. A photocopy of the Transfer Instruction Sheet should be provided to any other DSCYF division active with the child.

Instructions for Completing the Transfer Instruction Sheet

The Transfer Instruction Sheet should be completed by the person last responsible for caring for the child. If the child is being transferred from a facility that has a medical provider on staff, the medical provider should review a copy of this form before the child is transferred. No child should be transferred, accepted into a placement, or if being prescribed medication go on a home pass or visit without a copy of this form. If the child is being transferred to a facility that has a medical provider on staff, the medical provider should review a copy of this form as soon as possible.

For a child going on a home pass or visit, items 1, 9, and 15 should be completed as applicable. For a child going into placement, moving between placements, or returning from a placement to a community setting, all items on the sheet should be completed as applicable.

The current caregiver completes the Transfer Instruction Sheet and retains the original copy. One copy is given to the child's receiving caregiver, and one copy should be maintained by the Division responsible for making the placement in the child's case record.

Check at the top of the sheet whether the Transfer Instruction Sheet is for a child entering or leaving a residential placement or for a child going on a home pass/visit.

1. Fill in the child's full name.
2. Fill in child's Personal Identification Number (PID) if known.
3. Fill in child's date of birth.
4. Fill in the name of child's medical insurance carrier and ID # if known.
5. Specify any current medical conditions that the child may have (e.g., asthma, allergies, bronchitis, etc.).
6. Complete the name of the medical provider who made the above listed diagnoses if known.
7. Specify any current psychiatric/behavioral diagnosis the child may have (e.g., depression, oppositional defiant disorder, schizophrenia, etc.).
8. Complete the name of the mental health provider who made the above listed psychiatric/ behavioral diagnoses.
9. List all current medications, dose & time(s) of day the medication is to be administered (e.g., 1 pill before breakfast), number of pills (if in pill form), reason (the condition being treated), the name of the prescribing health care provider, signature of the adult who is transporting the child for each medication, the signature of the receiving caregiver for each medication, and the date the receiving caregiver signs for the medication. **Note**--The adult transporting the child may be the same person as the receiving adult caregiver.
10. List any special precautions or other instructions being taken at the child's current placement (e.g., sleeping on a mat for seizure precautions, special dietary needs, etc.).
11. List child's health care provider, phone number, and date of the last appointment if known.
12. Indicate if the child has been seen in a hospital within the past 30 days. If so, indicate the hospital name, phone number of the hospital if known, date of visit, and reason for the visit.
13. List any scheduled medical appointments the child may have.
14. Provide the name of the school the child attends and what grade the student is in.
15. List the names of individual(s) with which the child should not have contact.
16. Fill in your name and the date you completed the Transfer Instruction Sheet.
17. Fill in your agency's name and address and the phone number at which you can be reached.