

DEPARTMENT POLICY

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| POLICY # 207 | SUBJECT: Transfer Instruction Sheet |
| EFFECTIVE DATE: August 13, 2004 | |
| REVISED DATE: July 6, 2006, July 1, 2011 | Page 1 of 2 |
| AUTHORIZED SIGNATURE: | |

Transfer Instruction Sheet

I. Purpose

The purpose of this policy is to ensure continuity of care for children/youth entering or leaving DSCYF residential care. The Transfer Instruction Sheet is designed to provide the most accurate and current information regarding a child's school, medication, and other medical, emotional, or behavioral information. The Transfer Instruction Sheet should accompany a child/youth when: (1) entering contracted residential placement or foster care; (2) moving from one residential program to another; (3) returning to the community from residential placement; or (4) going on a home pass or visit.

II. Policy

This policy requires DSCYF staff to gather and provide current and pertinent medical, emotional, behavioral, and school information to the receiving contracted residential placement/foster home at the time placement occurs. The Operating Guidelines for Contracted Children and Family Programs and Services require contracted providers to prepare the Transfer Instruction Sheet to accompany DSCYF children/youth leaving their residential programs.

III. Definitions

- A. Placement – A home or program where a child/youth will reside to include detention, juvenile justice facilities, residential treatment centers, group homes, foster homes, and relative placements. Placement may also refer to the youth's home when the youth going on a home pass or visit or is returning home.
- B. Health Care Provider – A physician or nurse designated to provide medical services for the child/youth while in care.
- C. Dosage – The number of pills or liquid dosage for prescribed medication.
- D. Psychiatric/Behavioral Diagnoses – Psychiatric/behavioral condition(s) diagnosed by a health care provider.
- E. Special Precautions or Other Instructions – Actions that need to be taken by the receiving facility/home to ensure the safety of the child (i.e., suicide protocol implemented during placement, bedwetting, special diet, special medical instructions, etc.).
- F. Last Medical/Hospital Visit Date – The date of the most recent emergency room visit, hospital admission (including psychiatric facilities), and/or doctor visit.

IV. Procedures

- Following the instructions provided on the Instructions for Completing the Transfer Instruction Sheet (Attachment A), the Transfer Instruction Sheet (Attachment B) is to be completed by the child's current caretaker or case manager each time a child enters or is discharged from a DSCYF contracted residential or foster care placement or when a child is removed from his/her home. If the situation does not lend itself to completing the form when the child is removed, the worker should attempt to gather the necessary information to complete the form within 24 hours of removal.
- All children receiving prescription medication and going on a home pass or visit should have a Transfer Instruction Sheet accompanying them with Items 1, 9, and 15 completed as applicable that was prepared by the current caregiver or case manager.
- The DSCYF employee transporting the child should ensure that the Transfer Instruction Sheet providing the most current information is completed prior to the child leaving the home/facility.
- When a child is receiving prescription medication, the child's current care giver and the person or DSCYF employee transporting the child should ensure that the information on the Transfer Instruction Sheet is consistent with the medication label on the medicine container. 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.
- The Transfer Instruction Sheet should be completed in triplicate. The original copy is retained by the current (sending) care provider in the child's case record, one copy is left with the receiving care provider, and one copy is maintained in the Division case record for the child. A photocopy should be provided to any other DSCYF Division active with the child.

Instructions for Completing the Transfer Instruction Sheet

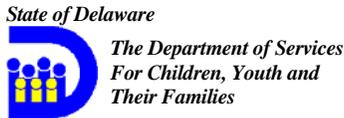
The Transfer Instruction Sheet should be completed by the person last responsible for caring for the child. If the child is being transferred from a facility that has a medical provider on staff, the medical provider should review a copy of this form before the child is transferred. No child should be 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 the child may have (e.g., asthma, allergies, etc.)
6. Complete the name of the medical provider who made the above 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 tablespoon or 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 known appointment .
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 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. Name of person completing the Transfer Instruction Sheet and date completed.
17. The sending agency's name, address, and phone number.
18. Signature of person giving Transfer Instruction Sheet to receiver and date.
19. Signature of person receiving the Transfer Instruction Sheet and date.



TRANSFER INSTRUCTION SHEET

| Facility/Placement (Complete all items on form as applicable) | | | | Home Pass/Visit (Complete 1, 9 and 15 where applicable) | | | |
|---|----------------|--------------|---------|---|-----------------|------------------|------|
| 1. Name | | | 2. PID# | | 3. D.O.B | | |
| 4. Medical Insurance (carrier and #) | | | | | | | |
| 5. Medical Diagnoses | | | | | 6. Diagnosed By | | |
| 7. Psychiatric/Behavioral Diagnoses | | | | | 8. Diagnosed By | | |
| 9. Medication | Dose/ Times | #Pills | Reason | Prescribed By | Escorted By | Received By | Date |
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| 10. Special Precautions or Other Instructions | | | | | | | |
| 11. Health Care Provider | | | | Phone | | Last Appointment | |
| 12. Last medical/hospital Visit Date | | Phone Number | | Where | | Reason | |
| 13. Scheduled Appointments | | | | | | | |
| 14. Child's School | | | | | Grade | | |
| 15. Individual(s) the child should not have contact with | | | | | | | |
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| 16. Form Completed By (print name) | | | | Date | | | |
| 17. Agency Name | | | Address | | | Phone # | |
| 18. Signature of Person Giving Transfer Instruction Sheet to Receiver | | | | Date | | | |
| 19. Signature of Person Receiving Transfer Instruction Sheet | | | | Date | | | |