**Appendix A: 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 a visit where medication will be administered, 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.