CASE TRANSFER
FORMULARIO PARA TRANSFERENCIA DE CASOS

Name of client/
Nombre del Cliente: _____ Medicaid number/
Número de Medicaid: _____

Case Transferred from/
Caso transferido de Current Agency Name _____ Address/
Dirección _____

Case Transferred to/
Caso transferido a: New Agency Name _____ Address/
Dirección: _____

Reasons for transfer / Motivo de la transferencia:

☐ Client/Family relocated/ Cambio de domicilio del Cliente/Familia

☐ Client/Family request change/transfer to alternative provider or case management program/
El Cliente/Familia solicitó un cambio/transferencia a otro proveedor de servicios de salud o a otro programa de manejo de casos

☐ Other (specify)/Otro, especificar : _____

I the ☐client ☐parent ☐guardian request my/my child's case management services be transferred as outlined above. I understand that I have the freedom to choose my case management provider.

I the ☐client ☐parent ☐guardian give my consent for the current provider/agency listed above to give the new provider/agency listed above a copy of my/my child's case management record. I give my consent my new provider to get information including but not limited to intake, needs assessment, service plan, and follow-up documentation. I know that this information will be used to continue case management services for me/my child. This consent will expire three months from the date of signature unless I cancel it. I know that I must write to my case manager to cancel this consent. I know that this consent will not affect my (or my child's) treatment, payment, enrollment or eligibility for case management services. I know that anyone who gets information as a result of this consent may share it with others as the law allows.

Client/Parent Guardian Signature/
Firma del Cliente/Padre/Tutor:: _____ Date/
Fecha: _____

Case Manager Signature/
Firma del Administrador del Caso: _____ Date/
Fecha: _____

Printed name of case manager/
Nombre de Proveedor de Administración de Casos: _____

Case Management Provider/Agency Name/
Direción del Proveedor de Administración de Casos: _____

Interpreter Signature (if applicable)/
Firma del Intérprete (en caso de que lo haya): _____ Date/
Fecha _____