

Face Sheet – Transfer Of Child Case Record

Use of form: When a child case is transferred, the assigned worker needs to complete this face sheet and include the face sheet with the transferred hard copy of the child case record file.

			eWISACWIS Number		
Name – Child		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number
Medical Assistance Number	Ethnicity Latino / Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Race <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other
Date – TPR (mm/dd/yyyy)	County	Name – Judge		Court File Number	
Name – Birth Mother					
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary					
Name – Birth Father					
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Legal <input type="checkbox"/> Adjudicated <input type="checkbox"/> Alleged					

Case Assignment

Date (mm/dd/yyyy)	Name – Social Worker
1.	
2.	
3.	

Child's Living Arrangement (Since original removal)

1.	Type of Living Arrangement	Name – Alternate Placement		
	Address (Street, City, State, Zip Code)		Telephone Number	Date Placed
2.	Type of Living Arrangement	Name – Alternate Placement		
	Address (Street, City, State, Zip Code)		Telephone Number	Date Placed
3.	Type of Living Arrangement	Name – Alternate Placement		
	Address (Street, City, State, Zip Code)		Telephone Number	Date Placed
4.	Type of Living Arrangement	Name – Alternate Placement		
	Address (Street, City, State, Zip Code)		Telephone Number	Date Placed
5.	Type of Living Arrangement	Name – Alternate Placement		
	Address (Street, City, State, Zip Code)		Telephone Number	Date Placed