

LUCAS COUNTY CHILDREN SERVICES
TRANSFER CONFERENCE DISCUSSION GUIDE

CASE NAME	SACWIS NUMBER	CASEWORKER	DATE	<input type="checkbox"/> AR <input type="checkbox"/> TR						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. DEMOGRAPHIC INFORMATION <ul style="list-style-type: none"> • Who are the household members • Race/Ethnicity in SACWIS • Significant others (<i>father's involvement, family or friends</i>) and their level of interest (<i>support, "hands-on" help, placement</i>) 2. HISTORY AND REASON FOR CURRENT CASE OPENING 3. REVIEW OF SAFETY AND FAMILY ASSESSMENT (with focus on safety threats and risk contributors) 4. SAFETY PLAN <ul style="list-style-type: none"> • Signed by all parties? Copies given to involved parties? • Voluntary placement (<i>reason, anticipated length of placement, expectations, medical, school, financial arrangement</i>) • What are the components of the Safety Plan • Who is the oversight? Cleared in the system? </td> <td style="width: 50%; vertical-align: top;"> 5. PAST AND PRESENT STAKEHOLDERS IDENTIFIED AND DISCUSSED (<i>service providers, relatives and key support people</i>) 6. RISK CONTRIBUTORS FOR CASE PLAN SERVICES <ul style="list-style-type: none"> • Services recommended/needed • How do recommended/needed services impact risk factors • Service referrals (<i>what agencies, services requested, appointments scheduled, contract service referrals</i>) • CAPTA referral for ACV under age 3 of substantiated CA/N—Use required form and ROI for parents • Substance abuse assessment scheduled/completed 7. JOINT HOME VISIT <ul style="list-style-type: none"> • Date of joint home visit: • Any pending fund requests • Any safety concerns for the caseworker 8. <input type="checkbox"/> REVIEW ACTIVE CASE MEMBERS AND DEMOGRAPHICS (Crystal Report) </td> </tr> </table>					1. DEMOGRAPHIC INFORMATION <ul style="list-style-type: none"> • Who are the household members • Race/Ethnicity in SACWIS • Significant others (<i>father's involvement, family or friends</i>) and their level of interest (<i>support, "hands-on" help, placement</i>) 2. HISTORY AND REASON FOR CURRENT CASE OPENING 3. REVIEW OF SAFETY AND FAMILY ASSESSMENT (with focus on safety threats and risk contributors) 4. SAFETY PLAN <ul style="list-style-type: none"> • Signed by all parties? Copies given to involved parties? • Voluntary placement (<i>reason, anticipated length of placement, expectations, medical, school, financial arrangement</i>) • What are the components of the Safety Plan • Who is the oversight? Cleared in the system? 	5. PAST AND PRESENT STAKEHOLDERS IDENTIFIED AND DISCUSSED (<i>service providers, relatives and key support people</i>) 6. RISK CONTRIBUTORS FOR CASE PLAN SERVICES <ul style="list-style-type: none"> • Services recommended/needed • How do recommended/needed services impact risk factors • Service referrals (<i>what agencies, services requested, appointments scheduled, contract service referrals</i>) • CAPTA referral for ACV under age 3 of substantiated CA/N—Use required form and ROI for parents • Substance abuse assessment scheduled/completed 7. JOINT HOME VISIT <ul style="list-style-type: none"> • Date of joint home visit: • Any pending fund requests • Any safety concerns for the caseworker 8. <input type="checkbox"/> REVIEW ACTIVE CASE MEMBERS AND DEMOGRAPHICS (Crystal Report)				
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