



CASE MANAGEMENT TRANSFER MEETING – AGENDA & ACTION LOG

Child/Young Person
DOB

<u>ATTENDANCES</u> Agency: CSC: C&FRU:	<u>APOLOGIES</u> Agency: CSC: C&FRU:
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Item No.	Agenda Item	Action	Date to Be Completed
1	Client Information 1.1 Client Information Form 1.2 Case Plan 1.3 Cultural issues		1.1 1.2 1.3
2	Current Placement 2.1 CAT recommendation 2.2 Carer Details 2.3 Any issues		2.1 2.2 2.3
3	Health / Medical / Dental 3.1 Diagnoses 3.2 Medication / Treatment 3.3 Work Outstanding		3.1 3.2 3.3
4	Education / Employment 4.1 Details 4.2 Any issues		4.1 4.2

5	Behaviour Management 5.1 Behaviour Management Plan 5.2 Any issues		5.1 5.2
6	Birth Family Contact 6.1 MOTHER (venue, frequency, duration, supervision, issues of concern) 6.2 FATHER (venue, frequency, duration, supervision, issues of concern) 6.3 SIBLINGS (venue, frequency, duration, supervision, issues of concern) 6.4 EXTENDED FAMILY (venue, frequency, duration, supervision, issues of concern) 6.5 AVO's 6.6 Updated Contact Schedule Provided		6.1 6.2 6.3 6.4 6.5 6.6
7	Other Professionals 7.1 Who, Services Provided, Purpose, Frequency and Duration		7.1
8	Financial Commitments 8.1 Service and Cost 8.2 Finalisation of Payments 8.3 TEP		8.1 8.2 8.3
9	Legal 9.1 S82 9.2 S90		9.1 9.2
10	Victims of Crime 10.1 Referral Completed 10.2 Current Status		10.1 10.2
11	IPC Pathways 11.1 Health 11.2 Education		11.1 11.2

12	Case Management Transfer 12.1 Date of intended Case Management Transfer 12.2 Date of intended Financial Transfer 12.3 Date of KiDS Plan Transfer to CFRU 12.4 Date of Original Documentation Transfer		12.1 12.2 12.3 12.4
13	Any Other Business 13.1 Third Party Letters 13.2 Agency Letter of Carer Authorisation 13.3 Post CMT Tasks		13.1 13.2 13.3 13.4