

RYAN WHITE CLIENT TRANSFER & CASE CONFERENCE FORM

Transfer Date: ____/____/____

Client Legal Name: _____

Date of Birth: ____/____/____

Has the court appointed someone to make decisions on behalf of the client? Yes No

If YES: Guardian/Conservator Name: _____ Phone Number(s): _____

Transfer Information

Transfer From: Linkage to Care Medical Case Management Non-Medical Case Management-Support

Name

Agency

Phone Number

E-mail Address

Transfer To: Medical Case Management Non-Medical Case Management-Support

Agency Name

Reason for Transfer:

Client Information

RW Part A Eligibility Expiration Date: ____/____/____

RW Part B Eligibility Expiration Date: ____/____/____

Current Total Acuity Score (if applicable): _____

Name of HIV-Doctor: _____

Materials to be Transferred

Eligibility Documents to be Transferred:

- HIV Verification
- Income Verification
(including any benefit award letters)
- Proof of Residency
- Proof of Insurance
- Documents currently in RWAD

Assessment Documents to be Transferred: *From MCM Only, **From NMCM-Support Only

- Current ISP
- Most Recent PSA*
(including acuity score)
- Network Release
- Ryan White Intake Form
- Ryan White Historical Assessment*
- Current Ryan White Screening Form**

Supervisor Approval

Supervisor Approval: Yes No

Supervisor Name

Supervisor Signature

____/____/____
Date

CASE ASSIGNMENT USE ONLY

Date Transfer Form Received: ____/____/____

Name of Assigned Case Manager: _____ Date of Assignment: ____/____/____

Name of Case Assignment Staff: _____ Signature: _____

Case Conference Participation

Case Conference Meeting Date: ____/____/____

Type of Meeting: In-Person Phone

Participants:

Name of Professional	Title	Phone Number	E-mail Address	Agency

Case Conference Discussion

Items Discussed (*check all that apply*):

- Preferred Method of Contact with Client
- RW Eligibility
 - RW Part A Eligibility Expiration Date
 - RW Part B Eligibility Expiration Date
 - Status of RW Eligibility Documents
- Psychosocial Assessment
 - Functional Areas to be Addressed with the Client
 - Observations of Client
- RW Screening Form
 - Functional Areas of Concern
- RW Case Management Individualized Service Plan
 - Progress Towards Meeting Goals (in the past six months)
 - Action Steps to be Taken (in the next six months)
- Safety Issues
- Client Participation
- Client's Memory/Organization/Confusion
- Pending Issues
- Active Referrals
- Upcoming Appointments
- Other Information (please list):

Sign-Off

Name of Professional Receiving Case

Signature of Professional Receiving Case

____/____/____
Date