



**Dane County Department of Human Services**

Comprehensive Community Services (CCS)

*Transfer of Service Facilitation Summary*

Intake Staff Handling  
Transfer:  
\_\_\_\_\_

Name: \_\_\_\_\_

Date of Transfer Request: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is this the CCS participant's first transfer?

Yes  No

Address: \_\_\_\_\_

**Transfer Initiated By:**

- CCS Participant/Guardian
- CCS Service Facilitation Agency

**Recommended Tasks for Current Service Facilitation Agency:**

- Provide consumer with current service facilitation directory & identify potential agencies to transfer to
- Ensure all paperwork on the chart audit is up-to-date

**Reason for Transfer**

\_\_\_\_\_

**Gender/Cultural Preferences for New Service Facilitator**

\_\_\_\_\_

**Status of CCS Paperwork**

- Next Recovery Plan Due: \_\_\_\_\_
- Most Recent Assessment Update: \_\_\_\_\_
- Physician's Prescription Due: \_\_\_\_\_

Verified by DCDHS Staff  
\_\_\_\_\_

**Providers & Supports**

- Therapist: \_\_\_\_\_
- Psychiatrist: \_\_\_\_\_
- Primary Care Provider: \_\_\_\_\_
- Natural Supports/Guardian: \_\_\_\_\_
- Brief summary of consumer's engagement with CCS:

\_\_\_\_\_  
\_\_\_\_\_

**Upcoming Appointments**

\_\_\_\_\_

**Clinical Recommendations/Important Things to Know**

**Current Service Facilitator's Information**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Service Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mental Health Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Stop & send to CCS Intake – remainder of form to be completed by new service facilitation agency**

**Case Consultation Between Old and New Service Facilitation Agency**

Notes: \_\_\_\_\_

New Mental Health Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Tasks for New Service Facilitation Agency**

- Assign the Service Facilitator in the CCS module.
- End date ALL core service authorizations (SF/SA/SP) on the current recovery plan for the previous service facilitation agency.
- Authorize new core service authorizations (SF/SA/SP) for your agency.
- Review the assessment for any needed updates, SFs can add updates at any time using the "domain update" option.
- Review the recovery plan for any needed updates, SFs can add authorizations and action steps at any time.