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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES CHILDREN’S DIVISION**SERVICE WORKER/CASE TRANSFER REQUEST** |  |
| Sending Date: |       |
|  | [CD-175 Instructions](https://dss.mo.gov/cd/info/forms/forminstructions/cd175_instr.pdf) |
|  |  |
| **TO** | **FROM** |
| Receiving Circuit      | Receiving CM (or designee)      | Sending Circuit      | Sending CM (or designee)      |
| **REQUEST TYPE** |
| [ ] Service Worker Request[ ] Case Transfer Request | [ ] Emergency request [ ] Non-emergency request |
| [Trip Optimizer](https://tripoptimizer.mo.gov/)Drive time between the sending workers base and the household address:       |
| **CASE TYPE** |
| Choose an item. | If other, explain:       | Case #:       |
| **CONTACT INFORMATION** |
| Primary Phone Number:       | Alternate Phone Number:       |
| [ ] Household Address:  [ ] Residential Facility Address **and** House Name/Number: If a Residential Facility, contact person at facility to schedule visits: **Name:**       **Phone/email:**       |

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| **Names of Individuals** | **DCN**  | **Role** | **Names of Individuals**  | **DCN**  | **Role** |
|  |       |       |  |       |       |
|  |       |       |  |       |       |
|  |       |       |  |       |       |

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| Sending Worker’s Name      | Email      | Telephone      |
| Sending Supervisor’s Name      | Email      | Telephone      |
| **Reason for Case Transfer/Service Worker Request** |
|       |
| **If a Service Worker Request** |
| [ ]  One time visit request [ ]  Ongoing visits request [ ]  Other:      Date requested for the Service Worker to begin services with the family:       |
| **Documents requested to be completed with the individual(s):** (include any due dates)      |
| **Information/documents requested to be provided/discussed with the individual(s):** (include any due dates)      |
| **Services/Referrals requested to be provided to the individual(s):** (include any due dates)      |
| **Additional request(s):** (include any due dates)      |
| **Attachment(s) included:**      |
| **REQUEST DETERMINATION BY RECEIVING CIRCUIT/COUNTY** |
| [ ]  **Accepted by Receiving Circuit/County** Service Worker assigned: Service Worker email:   | [ ]  **Denied by Receiving Circuit/County** Reason for Denial:       |
| **Additional note from Receiving Circuit regarding the request:**      |
| **Individual making the determination:**      | **Date:**      |
| Receiving Circuit Manager (or designee) please send this form back to the Requesting Circuit Manager (or designee) via the [Circuit Courtesy/Service Worker/Case Transfer Request email listing](https://dssintranet.mo.gov/dss-childrens-division/wp-content/uploads/sites/4/2022/08/circuit-courtesy-service-request-email-listing.pdf) with the determination decision. Respond with determination within 1 business day if specified as an emergency request and 3 business days if specified as a non-emergency request. |