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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 RequestCase 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. | | | |