



Placer County Systems of Care
Presumptive Transfer Notification

This notice is pursuant to AB1299 & Welfare and Institutions Code section 14717.1 (f)

This notice is to provide notice regarding the status of responsibility of specialty mental health services for the following child/NMD:

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_
Assigned Child Welfare Social Worker: \_\_\_\_\_
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_
Assigned Probation Officer: \_\_\_\_\_
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Placement name: \_\_\_\_\_ Date of placement: \_\_\_\_\_
Placement email: \_\_\_\_\_ Placement phone #: \_\_\_\_\_
Placement address: \_\_\_\_\_
[ ] STRTP [ ] THP+ [ ] Relative Placement (RFA) [ ] Resource Home, Agency: \_\_\_\_\_

[ ] PRESUMPTIVE TRANSFER WILL BE WAIVED and placing county will remain responsible for the provision of Mental Health services
Reason for Presumptive Transfer Waiver: (check one)
[ ] It is determined the transfer would disrupt continuity of care or delay access to services provided to the minor/Non-minor dependent (NMD).
[ ] It is determined the transfer would interfere with family reunification efforts documented in the child welfare/probation case plan.
[ ] The youth/NMD's placement in the receiving county is expected to be less than six months.
[ ] The foster child/NMD's residence is within 30 minutes of travel to the mental health provider in the placing county.

[ ] PRESUMPTIVE TRANSFER DOES APPLY and receiving county will be responsible for authorization, provision and payment for mental health services to the county where the minor/NMD is placed.
[ ] THIS PRESUMPTIVE TRANSFER NOTIFICATION IS CONSIDERED URGENT.

Minor/NMD is CURRENTLY in services: [ ] Yes\* [ ] No

\*If yes, name of agency: \_\_\_\_\_

\*If yes, please include copy of last MH assessment and summary of services and treatment

Mental health rights holder name and contact information:

Current medications and prescribing Dr.:

Are refills current to allow sufficient time for transfer of care to Placer psychiatry? [ ] Yes [ ] No

List any urgent or crisis needs:

Target mental health symptoms/Reason for referral: