



HS • EHS • ECEAP • CHILD CARE PARTNERSHIP • TRANSFER, TRANSITION, & DROP FORM

CHILD INFORMATION

Child's Name:		Today's Date:	
Current Program Name/Class:		FID #	ELMS#

**STAFF RESPONSIBILITIES PRIOR TO ALL TRANSFERS/TRANSITIONS/DROPS
(Check that you have completed the following items prior to transfer/transition/drop)**

- Family File up to date
- PROMIS/ELMS up to date

****For Transfers/transitions within OESD programs, the Family File needs to be hand-delivered to the new OESD Program/Class Staff Person *within 48 hours of transfer/transition.***

TRANSFER INFORMATION (WITHIN OESD AGENCY)

Transferring To What Specific OESD Program/Class:	
<i>First Day Child Attended New Program/Class or Completed 1st Home Visit (Home-Based Only):</i>	

DROPPED OR TRANSITIONED/GRADUATED FROM PROGRAM

EHS/HS Last Day Child received services:	
ECEAP Last Day Child Attended:	

EXPLANATION FOR EXIT (*choose one only*)

- | | |
|---|---|
| <input type="checkbox"/> Child Received Services, But Never Attended (NO FDS) | <input type="checkbox"/> Kindergarten Transition |
| <input type="checkbox"/> Childcare No Longer Needed | <input type="checkbox"/> Parent Choice |
| <input type="checkbox"/> Loss of Subsidies | <input type="checkbox"/> Parent No Longer Attending School |
| <input type="checkbox"/> Moved Away | <input type="checkbox"/> Transition to HS Partnership |
| <input type="checkbox"/> Transportation Challenges | <input type="checkbox"/> Transition to EHS Partnership |
| <input type="checkbox"/> Stopped Attending/No Communication with Family | <input type="checkbox"/> EHS Transition to Head Start |
| <input type="checkbox"/> Going to KCR Site | <input type="checkbox"/> EHS Transition to ECEAP or Other Childhood Program |
| | <input type="checkbox"/> EHS—Aged Out |
| | <input type="checkbox"/> Other (explanation required) _____ |

Bring copy of this form to Administrative Assistant, Original goes in Family File.

SIGNATURE REQUIRED

Staff Signature:		Date:	
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