



# COUNTY OF YOLO

Health and Human Services Agency

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## AB 1299 Presumptive Transfer Notification Form

Presumptive Transfer    Waiver of Presumptive Transfer    Mental Health Referral *(check box if new MH referral is included)*

### Referring/Placing Agency Information (Social Worker or Probation Officer)

Name: _____
Phone/Fax Number/Email: _____
Address: _____
Contact information of who can sign <b>releases</b> of information (ROIs): <i>(Name/Phone/Fax/Email/Address or "Same as above")</i>
_____
_____
Contact information of who can sign <b>consents</b> for MH services: <i>(Name/Phone/Fax/Email/Address or "Same as above")</i>
_____
_____

### Child/Youth's Information

Name and DOB: _____
Placement Address: _____
Caregiver Name and Contact Info: _____
Dependency Status: _____
Date Jurisdiction was established: _____
Type of Placement:
<input type="checkbox"/> FFA <input type="checkbox"/> STRTP/GH <input type="checkbox"/> SILP 18-21 <input type="checkbox"/> NRFM <input type="checkbox"/> RFA

CFT when Child and all members of CFT are informed of presumptive transfer and options to request a waiver, and decision was documented: _____
Date child's residence was updated in the MEDS system: _____
Date child will be physically placed or date placement did occur (expedited cases): _____
Host County's MHP was notified of the presumptive transfer or waiver decision: _____ <i>(when this form is sent)</i>

### Needed Items For Transfers:

- Q1 or Q2 MEDS Print Out from Eligibility
- Referral for MH Services (MHST)
- ...and a Qualified Mental Health Assessment to be sent by the current/most recent provider
- Consents for Services, ROI's, Court Order/JV415