**Transfer In Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LCS No:**x**Name of Child(ren):**x | **Questions related to Transfer:** | **YES** | **NO** | **COMMENTS/** **ACTION TAKEN BY:** |
| 1. **Referral open for all relevant**  **children?** |  |  |  |
| 2. **Chronology Completed** (up to date and indexed on ICS) |  |  |  |
| 3. **Transfer Summary Loaded.** |  |  |  |
| 4. **Case Status** CIN / CP / LAC / Legal Status / Placement Details |  |  |  |
| 5. **Person Details** Religion / Disability / Ethnicity / Relationship |  |  |  |
| 6. **Address Details** (Correct) |  |  |  |
| 7. **ICS / Care Doc’s Index** Care Plan / CIN Plan / PEP /  CIC Medical / Pathway Plan |  |  |  |
| 8. **Last Visit within timescale** |  |  |  |
| 9. **Management Oversight** (with case handover / issues identified) |  |  |  |
| 10. **Assessment Completed** (within last six months) **& Authorised** |  |  |  |

Checklist Completed by: x

Date: x