

WINDOWS TO WORK – PARTICIPANT TRANSFER CHECKLIST

PARTICIPANT NAME	DOC #	RELEASE DATE	COUNTY OF RELEASE
Sending Coach:			Date Sent:
Receiving Coach:			

The following items shall be included in the file upon transfer to another coach:

<input type="checkbox"/>	DOC-2960A Individual Action Plan (IAP) (Updated)
<input type="checkbox"/>	DOC-1163 Authorization for Disclosure of Non-Health Confidential Information
<input type="checkbox"/>	DOC-1163A Authorization for Use and Disclosure of Protected Health Information
<input type="checkbox"/>	COMPAS Bar Chart and Narrative
<input type="checkbox"/>	Individual Case Plan
<input type="checkbox"/>	DOC-2960G Windows to Work Guidelines and Expectations
<input type="checkbox"/>	Applicable Case Notes
<input type="checkbox"/>	Resume (electronic version preferred)
<input type="checkbox"/>	DOC-2960E Windows to Work Curriculum Checklist
<input type="checkbox"/>	DOC-2541 Windows to Work Program Participant Referral Form
<input type="checkbox"/>	Career Assessment / Interest Inventory
<input type="checkbox"/>	Cover Letter and/or Thank You Letter
<input type="checkbox"/>	Update Program Data Collection System (PDCS) Data
<input type="checkbox"/>	Reporting Instructions
<input type="checkbox"/>	Maximum Discharge date:

Potential barriers participant will face in the community and/or resources needed

Additional information

Email a scanned copy of the completed document to: Reentry Employment Coordinator