

# RYAN WHITE CLIENT TRANSFER & CASE CONFERENCE FORM

Transfer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the court appointed someone to make decisions on behalf of the client? ☐ Yes ☐ No

If YES: Guardian/Conservator Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

## Transfer Information

Transfer From: ☐ Linkage to Care ☐ Medical Case Management ☐ Non-Medical Case Management-Support

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Agency*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*E-mail Address*

Transfer To: ☐ Medical Case Management ☐ Non-Medical Case Management-Support

\_\_\_\_\_  
*Agency Name*

Reason for Transfer:

## Client Information

RW Part A Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

RW Part B Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Total Acuity Score (if applicable): \_\_\_\_\_

Name of HIV-Doctor: \_\_\_\_\_

## Materials to be Transferred

### Eligibility Documents to be Transferred:

- ☐ HIV Verification
- ☐ Income Verification  
(including any benefit award letters)
- ☐ Proof of Residency
- ☐ Proof of Insurance
- ☐ Documents currently in RWAD

### Assessment Documents to be Transferred: \*From MCM Only, \*\*From NMCM-Support Only

- ☐ Current ISP
- ☐ Most Recent PSA\*  
(including acuity score)
- ☐ Network Release
- ☐ Ryan White Intake Form
- ☐ Ryan White Historical Assessment\*
- ☐ Current Ryan White Screening Form\*\*

## Supervisor Approval

Supervisor Approval: ☐ Yes ☐ No

\_\_\_\_\_  
*Supervisor Name*

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

### CASE ASSIGNMENT USE ONLY

Date Transfer Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Assigned Case Manager: \_\_\_\_\_ Date of Assignment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Case Assignment Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

## Case Conference Participation

Case Conference Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Meeting: ☐ In-Person ☐ Phone

Participants:

Name of Professional	Title	Phone Number	E-mail Address	Agency

## Case Conference Discussion

Items Discussed (*check all that apply*):

- ☐ Preferred Method of Contact with Client
- ☐ RW Eligibility
  - ☐ RW Part A Eligibility Expiration Date
  - ☐ RW Part B Eligibility Expiration Date
  - ☐ Status of RW Eligibility Documents
- ☐ Psychosocial Assessment
  - ☐ Functional Areas to be Addressed with the Client
  - ☐ Observations of Client
- ☐ RW Screening Form
  - ☐ Functional Areas of Concern
- ☐ RW Case Management Individualized Service Plan
  - ☐ Progress Towards Meeting Goals (in the past six months)
  - ☐ Action Steps to be Taken (in the next six months)
- ☐ Safety Issues
- ☐ Client Participation
- ☐ Client's Memory/Organization/Confusion
- ☐ Pending Issues
- ☐ Active Referrals
- ☐ Upcoming Appointments
- ☐ Other Information (please list):

## Sign-Off

\_\_\_\_\_  
Name of Professional Receiving Case

\_\_\_\_\_  
Signature of Professional Receiving Case

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date