TRANSFER OF CHILDREN'S SPECIAL HEALTH SERVICES

NORTH DAKOTA DEPARTMENT OF HEALTH
CHILDREN'S SPECIAL HEALTH SERVICES (CSHS)
SFN 778 (8-2009)

Clear Fields

Date:	Re:			
FROM: Former County Social Service Board	Parent(s):			
	Former Street Address:	City:	State:	Zip Code:
TO: New County Social Service Board				
	New Street Address:	City:	State:	Zip Code:

(1) The _____ (former) County Social Service Board has submitted a Transfer of Children's Special Health Services (SFN 778) closing this case in their county because the family has moved to your county. You will be receiving medical and care coordination information from the _____ (former) County Social Service Board within the near future. This case was approved for financial assistance effective _____, so a new application will not be necessary.
(2) Complete an Authorization to Disclose Information (SFN 716) that lists the former County Social Service Board and the new County Social Service Board to allow the sharing of medical and care coordination information.
(3) If this family's financial status has changed as a result of their moving, please submit a current financial reevaluation and care coordination information. The above named should now be counted as a CSHS case in your county.

Signature of Former CSSB Representative:

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