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| The purpose of this checklist is to support the formal transfer of approved carers between support agencies. This document is to be completed by the receiving agency to ensure all relevant information is received about the carer household, prior to engaging in a formal support role. Please note that any relevant information held by the current support agency should be shared with the receiving support agency. Information should only be shared after receiving written consent from the carer/s for the exchange and release of information between support agencies.  |

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| **CARER AND AGENCY WORKER DETAILS** |

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| Carer 1  |       | Carer 2  |       |
| Current support agency |       |
| Receiving support agency |       |
| Signed consent to release and exchange information between both service providers and DCP completed by the carer/s: | [ ]  Yes and attached  |

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| **INFORMATION TO BE SHARED BY THE CURRENT SUPPORT AGENCY** |
| Initial carer assessment | [ ] Yes [ ] No  |
| Carer approval table, certificate and letter outlining any risks, recommendations, action plans and/or safety plans at point of approval | [ ] Yes [ ] No  |
| Last carer review and review outcome letter from CARU outlining current risks, recommendations, next review date, action plans and/or safety plans | [ ] Yes [ ] No [ ] N/A  |
| Most recent Carer Agreement (including support and training plans) | [ ] Yes [ ] No  |
| WWCC for carers, household members and any regular guests | [ ] Yes [ ] No  |
| Mandatory (First Aid, Safe Environments, Safe Infant Care) and elective training certificates  | [ ] Yes [ ] No  |
| Placement history  | [ ] Yes [ ] No [ ] N/A  |
| Care concern history including how care concerns were addressed | [ ] Yes [ ] No [ ] N/A  |
| Relevant child protection history for carers, HHMs and RGs  | [ ] Yes [ ] No [ ] N/A  |
| Agency perspective on the carer (strengths/challenges) including summary of care provision since last review was completed | [ ] Yes [ ] No  |
| Relevant information about child/YP in the carer’s care at point of transfer. Including; case plans, CATs, cultural plans, family contact arrangements and any risk management plans  | [ ] Yes [ ] No [ ] N/A  |
| *Please note any relevant additional documentation should also be shared with the receiving agency*  |

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| **TASKS TO BE COMPLETED PRIOR TO TRANSFER**  |
| Mandatory training is current | [ ]  Yes [ ]  No  |
| Overdue carer review has been completed by the current agency, submitted and processed by CARU  | [ ]  Yes [ ]  No ☐N/A  |
| All care concerns have been addressed with the carer/s and closed | [ ] Yes [ ] No [ ] N/A  |
| All identified risks, concerns and recommendations identified by the current support agency, case management and/or CARU have been addressed with the carer and an action plan developed | [ ] Yes [ ] No [ ] N/A  |
| For carers seeking to transfer for the purpose of specialist support, prior to being approved as a specialist carer, an assessment of the carer/s capacity to provide specialist care will need to have been completed, and additional training completed/identified *Note: an updated Carer Agreement with a completed Modification section is required*  | [ ] Yes [ ] No [ ] N/A  |

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| TRANSFER ACTION PLAN  |
| To be completed if there are any outstanding task/s that are to be completed after the agreed transfer date, with the agreement of both the current and receiving support agency |
| Transfer actions | **Agency responsible** | **Timeframe** |
| *eg. Outstanding carer review to be completed by the receiving agency* |       |       |
|       |       |       |

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| **TRANSFER CONFIRMATION** |
| Receiving agency accepts the transfer of the above named carer/s | [ ] Yes [ ] No  |
| Receiving agency endorses the pre-existing carer approval conditions and placement preferences to be maintained on transfer *If selected NO and the receiving agency is seeking to modify approval conditions/placement preferences prior to transfer, a new Carer Agreement (with a completed Modification section) is to be completed by the receiving agency and submitted alongside this checklist to CARU*  | [ ] Yes [ ] No  |
| **Agreed date for transfer**  | **Date:**  |
| **ENDORSEMENT FROM AUTHORISED AGENCY PERSONNEL** |
| Current Agency Personnel |  | Signature |  | Date:  |
| Receiving Agency Personnel |  | Signature |  | Date:  |

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| If not completed as part of the transfer process, the receiving agency is required to complete a Carer Agreement between themselves and the carer/s as soon as practicable following transfer, and provide this to CARU. Please submit completed documentation to the CARU inbox: DCPCarerRegistrationGeneral@sa.gov.au  |