



# Checklist for Transfer Cases

TAO Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Case Name \_\_\_\_\_

AP ID or Last 4 digits of SSN \_\_\_\_\_

**Category of Assistance:**  TAFDC  EAEDC  SNAP

**ADA Accommodation:**

Is there an ADA Accommodation?  yes  no

If yes, is the Request for ADA Accommodation form in the Electronic Case Folder (ECF)?

yes  no  n/a

**Living Arrangement:**

Is SUA adjusted?  yes  no  n/a

Is client the primary tenant?  yes  no

Is rental allowance correct?  yes  no

Type of Housing  private  subsidized  pays no rent

Is rent receipt, lease, host statement or utility bills in the ECF?  
 yes  no

**Case Manager Actions:**

Protective payments stopped?  yes  no  n/a

Review for missing and/or pending actions?  yes  no

Explain here \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

**IMPORTANT:** This form must be scanned and attached to the ECF.