

Transfer of Accepted or Enrolled Participant Records within ChildPlus Request [Form 5080A]

***Accepted or Enrolled Participants Only!***  
***Incomplete forms will be returned for completion***

Staff Name:		Site Name:	
Staff Email Address:		Date of Request:	

Section 1: Current Applicant Status (Select only one)	
<input type="checkbox"/> "Accepted" Applicant Status	ONLY select this if participant has a status of "Accepted" in ChildPlus
<input type="checkbox"/> "Enrolled" Applicant Status	ONLY select this if participant has a status of "Enrolled" in ChildPlus

Section 2 Type of Transfer	
<p><b>Identify below how the participant or family qualifies for an Automatic Transfer:</b></p> <p><input type="checkbox"/> Loss of Housing <input type="checkbox"/> Placement into Foster/Kinship Care <input type="checkbox"/> Loss/Gained Employment <input type="checkbox"/> Current IEP <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Incarceration/Loss of Primary Financial Provider <input type="checkbox"/> Other (Please Describe) _____</p> <p><b>Identify below the Automatic Transfer Tier for which the participant or family qualifies (see descriptions on reverse):</b></p> <p><input type="checkbox"/> Tier 1: Automatic Transfer with Available Open Slot  <input type="checkbox"/> Tier 2: Automatic Transfer with NO Available Open Slot, <b>able</b> to remain at current location</p>	
<b>Notes</b>	

Section 3 Applicant's Enrollment Information					
1	Program Option:	<input type="checkbox"/> Head Start	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> State Early Head Start	
2	Applicant's Name:		8	Primary Adult's Name	
3	Applicant's DOB:		9	Applicant's ChildPlus ID:	
4	Current Site:		10	Current Classroom:	
5	New Site:		11	New Classroom:	
6	Slot Available at New Site:	<input type="checkbox"/> Yes <input type="checkbox"/> No	12	Expected Drop Date:	
7	Expected Waitlist Date*:		13	Exp. Enrollment Date*:	
*If provided, the expected Waitlist and Enrollment date must be more than 3 days after the date received by MAHS					
14	Other Site Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	15	Name of Contact at Other Site:	

Section 4 Release of Information by Parent/Guardian Applying for Transfer of Enrollment/Participant Records	
<p>I, _____ am requesting that my child, _____ be          [Parent/Guardian] [Child's Name]          transferred according to the information listed above and hereby give my permission to have all current file          information transferred from the current site to the new site listed above.</p> <p>_____ [Parent/Guardian Signature] _____ [Date]</p>	
To Be Completed by Designated Grantee Staff ONLY	
Date Received form MAHS Delegate/Partnership: _____	Date Transfer Completed: _____
Date Confirmation Emailed: _____	Emailed To: _____
Grantee Signature: _____	CC: _____