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**Client Transition Plan – How-to Guide**

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

Case Number and Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFTM held (date/time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan for face to face visits:

In this section, discuss the following:

* Transportation needs - Who will be present?
* Healthy meals (if 4 hour+ visits)
* Masks

Any special needs during visits:

In this section, discuss the following:

* Dietary requirements for children or visiting parents?
* Activities that will re-engage visiting parents and children and re-establish attachment and bonding

Concerns about safety and health regarding visits:

In this section, discuss the following:

* Any person involved that is in a high-risk category for COVID-19?
* Discuss SCAN procedure for Personal Protective Equipment, disinfecting of rooms, social distancing

Day(s) and time(s) of scheduled visit(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next visit scheduled for (date/time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SCAN Staff Signature Date Signed