

INTER-AGENCY TRANSFER LETTER

Date: November 20, 2008

To: Agency Name: DREW  
Address:  
Phone #:  
Contact Name (if available):

Please accept this letter of transfer. The family listed below is in good standing and is requesting subsidized child care in your service area.  
Zip code where child care is being requested: 90001

FAMILY INFORMATION

Parent's Name: UTAMU BRACCEY (CDETU)		Phone #: (H) 323-424-8270 (W) 818-758-4224	
Parent's DOB:		Social Security # (optional):	
Current funding source: <input type="checkbox"/> Stage 1 <input checked="" type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input type="checkbox"/> Other:			
<u>Name(s) of Child(ren)</u>		<u>Current Hours</u>	
1 TEONNA WATSON		Authorized <input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	
2.)		<input type="checkbox"/> FT <input type="checkbox"/> PT	
3.)			

PROVIDER INFORMATION

Child Care Provider Name: RICHARD R. HALL			
Address: 1231 E. 66TH STREET		City: LOS ANGELES	State: CA 90001
Home Phone #: 323 706 4423		Work Phone #: -	
Provider Type: <input type="checkbox"/> Center <input type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> License-exempt (out-of-home) <input type="checkbox"/> License-exempt (in-home)			

CALWORKS INFORMATION (ONLY FOR CALWORKS CASES)

CalWORKs case # (if applicable):	
Currently receiving TANF? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, indicate discontinuance date: 9/30/08ZX

SENDING AGENCY INFORMATION

Supporting documentation attached: <input type="checkbox"/> NOA of cash termination <input type="checkbox"/> CD-9600 <input checked="" type="checkbox"/> Other:	
Comments: CURRENT NOTICE OFACTION, ST-105, LETTER OF CONFIRMATION, AND VOE	
Thank You, Sending Agency Contact Name: VICTORIA REGO Supervisor (optional):	
Phone: E-mail/Fax#:	

TRANSFER RESPONSE

Receiving Agency please complete this section and fax back to Agency requesting transfer within ten business days.	
Your Transfer request for has been handled in the following manner:	
<input type="checkbox"/> Completed by: Phone #:	<input type="checkbox"/> Supporting Documentation Attached
<input type="checkbox"/> Child Care Start Date: / /	<input type="checkbox"/> Denied (Returned to agency)
<input type="checkbox"/> No funding available (eligibility list)	
Comments:	