

INTER-OFFICE CASE ASSIGNMENT

Date:

Time:

Case Name:	Case Number:	Payee/Participant Name:	Primary Language:
Case Address:			
Sending Office:		Receiving Office:	Case Status:
Sending Worker ID:		Receiving Worker ID:	
Program/Case Type: <input type="checkbox"/> CalWORKS <input type="checkbox"/> CalFresh <input type="checkbox"/> Medi-Cal <input type="checkbox"/> CAPI <input type="checkbox"/> Refugee <input type="checkbox"/> General Relief GAIN Services: <input type="checkbox"/> GAIN <input type="checkbox"/> Refugee Employment Program (REP) <input type="checkbox"/> Cal-Learn <input type="checkbox"/> SSS <input type="checkbox"/> Homeless <input type="checkbox"/> Linkages Companion Case: <input type="checkbox"/> Y <input type="checkbox"/> N Companion Case Type: _____ Comments: _____ _____ _____		Aid Codes:	Special Indicators:
Transfer Clerk:		Transferred Date:	
Receiving Clerk:		Received Date:	

DO NOT
DISTRIBUTE