

Transmittal Form

(Put a picture of this completed form in the family's case file.)

Caseworker Name:

Client or Caregiver Name:

Case Number (if applicable):

Date Received:

Item being Transmitted:

Special Notes:

Transmittal Date (given to client):

Client Signature that item was received:

*This form was created to be used by social workers to transmit items of value. There is risk in transmitting anything of value. To mitigate this risk you may want the helping agency to mail the item. If you have a release of information signed you can give that agency your client's name, address, and phone number.