

### Notification of Local Authority (LA) Reassignment

**To:** \_\_\_\_\_  
LA Contact Name LA Name

**From:** \_\_\_\_\_  
LA Contact Name LA Name

Individual's Name			CARE ID
Service Coordinator Name			Area Code and Telephone No.
Date of Move	New Location Code	New County	County Code
Program Provider Name			Provider Component Code

**Current (Sending) LA Information:**

LA	Component Code	LA Local Case No.
LA Representative (Data Entry)		Date of Data Entry

**New (Receiving) LA Information:**

LA	Component Code	LA Local Case No.
LA Representative (Data Entry)		Date of Data Entry