FOLLOW-UP POST RELEASE AND CASE CLOSURE FORM

Name: _____ Client #: __ __ __ __ __ __ __ __ __ __

Case Status:

Case Opening Date: _____ Case Closed Date: _____ Case Transfer Date: _____

Transferred To: _____

Follow-up /Post Release:
(Reminder: The Bureau of Community Based Services' Transitional Planning Standards require a two-week post-release follow-up to confirm that the releasee was connected to care and services.)

Important:
If releasee is a parolee who is lost to care, contact facility or community parole officer to do a 2 week follow-up.

Has the two-week follow-up post release been conducted? Yes____ No____ Date:_____

If NO, indicate below the details of attempts to contact the releasee, including date(s) and location(s).

_____
_____
_____
_____

Case Closure:

Summarize reasons case is being closed and the service rendered to the client/family. Comment on the progress made toward goals in the transitional plan. When necessary, include provisions for continued services, listing agencies and contact persons.

Reason(s) for closure:

_____
_____
_____

SAMPLE

Housing:

A) Did the releasee receive housing placement? Yes_____ No_____ Unknown_____

If no or unknown,explain:

_____

_____

B) What is the releasee's known address? _____

What is the releasee's phone number, if known? _____

If address unknown, document below attempts to contact releasee:

_____

_____

_____

Medical:

A) Did releasee keep his/her first medical appointment? Yes_____ No_____

If no, please explain:_____

Case Management:

A) Did releasee keep his/her first case management appointment? Yes____ No____

If no, please explain:_____

B) Has the ADAP card been received by releasee? Yes_____ No_____

If no, has an application for ADAP been submitted?_____

_____ _____

Transitional Planner Signature **Date**

_____ _____

Supervisory Review Signature **Date**

SAMPLE