Case Management
Case Closure Summary

Name: ___________________________ Record #: _______________________
Case Opening Date: _________________________ Case Closing Date: ________________

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

Reasons for Closure:
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Services Provided and Progress Toward Goals:
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If applicable, is client aware of case closure? ☐ Yes ☐ No ☐ N/A
If yes, how was client notified?
________________________________________________________
________________________________________________________

Transfer, discharge, or follow up plans:
________________________________________________________
________________________________________________________

Case Manager Signature: ___________________________ Date: ________________
Supervisor Signature: ___________________________ Date: ________________