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.

<u>Reasons for Closure:</u>

_____
_____
_____
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_____

<u>Services Provided and Progress Toward Goals:</u>

_____
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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:** _____