

Incident ID:

Survivor Code:

Child Case Closure Form

Case Worker Code

Case Opening Date

Case Closure Date

CASE CLOSURE

Summarize the reasons why the 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.

CASE CLOSURE CHECKLIST

- | | | |
|---|----------|-------------------|
| ✓ Child safety plan has been reviewed and is in place. | Yes_____ | No_____ (explain) |
| ✓ Child/caregiver has been informed she or he can resume services at anytime. | Yes_____ | No_____ (explain) |
| ✓ Case supervisor has reviewed case closure/exit plan. | Yes_____ | No_____ (explain) |

Explanation notes here:

Case Closure Date_____ Case Worker Code_____

Supervisor Signature/Date_____