

CASE CLOSING/TRANSFER SUMMARY

Client Name: _____ Date: _____

Case # _____ ID # _____

Case is being: _____ Effective: _____

Closed/withdrawn

Transferred to:

If closed, reason for closing:

If transferred, reason for transfer:

If other, explain:

If other, explain:

Date of most recent review or re(assessment): _____

Significant changes since most recent review:

Pending or recently completed social work activities on client's/family's behalf since the most recent review:

Unresolved concerns:

Client's/family's response to case closing or transfer:

Social Worker's signature _____