**North Carolina Department of Health and Human Services**

**Adult Services**

**Case Closing/Transfer Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** |       | **Date** | Click or tap to enter a date. |
| **Case #** |       | **ID #** |       |

**Case is being:**

[ ]  Closed/withdrawn

If closed, reason for closing:

[ ]  Transferred to:

If transferred, reason for transfer:

Date of most recent review or re-assessment: Click or tap to enter a date.

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 responses to case closing or transfer:

|  |  |
| --- | --- |
|       | Click or tap to enter a date. |
| Social worker’s signature | Date |