Case Management
Case Closure Summary

Name	Client ID

Date Case Opened	Date Case Closed

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

Reasons for Closure	
☐	Death of client
☐	Notice of Ineligibility that client is no longer eligible for HIV/AIDS Patient Care services.
☐	No contact for 6 months or more
☐	Closure at client's request
☐	Client declines case management services
☐	Client has transferred to another case management provider
☐	Client moves from service area
☐	Client is incarcerated in a State or Federal facility
☐	Client lost to care or does not engage in service
☐	Agency terminates or dismisses client (Behavior issues)
☐	Mutual agreement to terminate services
☐	Client is no longer in need of services
☐	Client is transferred to a program that provides comparable services.

Narrative

In this field if applicable, please provide information regarding client's progress towards goals and whether client is aware of case closure, if s/he has been notified of closure and if this is a transfer discharge, plans for follow-up.

Case Manager Signature		Date

Supervisor Signature		Date