



## Consumer Closure Form

Date:		Consumer Name:	
Assigned Case Manager:		Discharge Date:	
Reason for Closure			
Achieved Goals - <input type="checkbox"/> Withdrew - <input type="checkbox"/> Achieved Goals <input type="checkbox"/> Moved <input type="checkbox"/> Deceased <input type="checkbox"/>			
Eligible to Re-Open? :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Closing Contact Note Present?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Goals Addressed? :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Removed from Data Base? (DBM):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Director of Programs:			Date:

Revised 09/21/2011