Foster Care Case Closure Summary

Case Name	
Case Number	
Date of Closure	
Child(ren) Name(s)	
Date of Birth	
Foster Parent(s)	
Reason for Case Closure	
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Summary of Services Provided	
Progress Made During Placement	
Remaining Needs / Referrals	
Post-Closure Plan	

Additional Comn	nents			
Prepared By				
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Date Prepared				_