Homelessness Intervention Case Closure Sheet

Client Details	
Client Name	
Case Number / ID	
Date of Birth	
Date Opened	
Date Closed	J
Case Manager	J
Reason for Case Closure	
Select Reason	_ 1
If other, specify	•
	_
Summary of Interventions Provided	
Outcomes Achieved	
	_
Referrals Made	
	_
Follow-up Actions Required	

Case Manager's Signature

Name			
Date			