

RYAN WHITE CLIENT CASE CLOSURE FORM

Case Closure Date: ____/____/____

Network Release Form Expiration Date: ____/____/____

Client Legal Name: _____

Date of Birth: ____/____/____

Reason for Case Closure

- Client moved outside service area
- Client incarcerated
- Client request
- Client lost to care
- Client had zero/low acuity score
- Client death

Case Closure Activities

Is the client aware that their Ryan White case management case has been closed? Yes No

Check the type(s) of attempts to notify the client and/or methods in which the client was notified and list the date(s) of attempts/methods of notification:

Phone ____/____/____ Email ____/____/____ Mail ____/____/____ Home Visit ____/____/____

In-Person Meeting ____/____/____ Other: _____ ____/____/____

Referrals Provided: NA

Agency Name	Purpose of Referral	Agency Contact Information

Additional Information

Case Closure Sign-Off

Case Manager Name

Case Manager Signature

____/____/____
Date

Supervisor Name

Supervisor Signature

____/____/____
Date