**Form 6 - Case Closure**

**Individual Protection Case Management for Persons with Specific Needs**

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| **1. Case Closure Information** | |
| **Case Opening Date** | DD/MM/YYYY |
| **Case Worker Code** |  |
| **Case Code** |  |
| **Reasons for Case Closure** | ☐ Person of Concern’s needs have been met to the extent possible/Protection risks resolved  ☐ No contact with the Person of Concern for more than [3 Months]  ☐ Closure at Person of Concern request  ☐ Death of Person of Concern  ☐ Person of Concern moved from service area  ☐ Resettlement  ☐ Case was transferred to another service provider for case management  ☐ Other, please specify: |
| **2.Case Closure /Transfer Checklist** | |
| **The PoC is aware of the case closure and to the extent possible the PoC has provided their informed consent to close services** | ☐ Yes  ☐ No  Explain |
| **All documentation for the case is complete and all forms relating to the CM process have been filled** | ☐ Yes  ☐ No  Explain |
| **Supervisor has reviewed case closure/exit plan** | ☐ Yes  ☐ No  Explain |
| **The follow section must be filled in case of Case Transfer** | |
| **Person of concern has been informed about the process of case transfer, including transfer of data, and provided written informed consent** | ☐ Yes  ☐ No  Explain |
| **Case transfer plan has been put in place with the receiving agency and in consultation with the person of concern.** | ☐ Yes  ☐ No  Explain |
| **Case conference was conducted with the receiving agency** | ☐ Yes  ☐ No  Explain |
| PoC Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  CW Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | |